

Initial Individual Child Support Meeting



Name:

Name of parent/carer:

DOB:

Chronological Age:

Date of initial plan:

Placement/days attending:

Plan No:

SENCO:

Key Person:

Persons involved in discussion:

Strengths:

Need and challenges:

Child's view:

Parent's view:

Setting comments:

Next Steps

What?	By whom?	When?

Review date	Parent signature:	Setting signature (Role):
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