**Child’s Plan Meeting**

Date:

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| **Full Name (Child)**  *(including aliases)* |  | **Date of Birth/ Estimated Date of Delivery** |  |
| **ID Number** |  |
| **Address (Child)** |  | **Date Initial Plan Agreed** |  |
| **Chair of Meeting** |  | **Dates of Review Meetings** |  |
| **Date of Transfer/Closure** |  |
| **Date/Time/Venue of next Child Plan Meeting** |  |
| **Named Person** |  | **Legal Status/Child Protection** |  |
| **Lead Professional** |  |  |  |

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| **Reason for Meeting/Plan** |
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| **Which assessment tools were used to identify these needs :** |
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| **Partners to the Plan** | | | | |
| **Name/Attendees** | **Role with child** | **Agency** | **Report provided where appropriate**  Y/N/NA | **Attended Y/N/Apologies** |
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| **Summary of Significant Events/Changes** |
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| **Summary of Assessment/Progress**  (using information from my world triangle and the wellbeing indicators: safe; healthy; active; nurtured, achieving; respected; responsible; included) |
| **What is working well?**  **What needs to get better?** |

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| **Overall Long Term Goal** |
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| **Details of Plan** | | | | |
| **What is getting in the way of the child’s wellbeing?** | **What do we need to do to meet the need?** | **Who is going to help with or be responsible for this?** | **When will it be done/ reviewed?** | **How will this help the child/ young person?**  **(desired outcomes)** |
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| **Child/ Young Person’s View of the Plan** |
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| **Parent/ Carer’s views of the Plan** |
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| **Record of any disagreements with the plan** (if relevant) |
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| **If this plan doesn’t work or circumstances change what will we do?** (Contingency Plan) |
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| **Checked/ Signed by Chairperson** |  |
| **Date** |  |

**Child’s Plan/ Notes of Child’s Plan Meeting**

**Data Sheet  
(Internal use only: not for circulation)**

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| --- | --- | --- | --- |
| **Full name** | **Parental Rights and Responsibilities** | **Relationship to Child** | **Address (if non-disclosure please state this)** |
| **Mother:** |  |  |  |
| **Father:** |  |  |  |
| **Carers:** |  |  |  |
| **Other significant adult/s:** |  |  |  |
| **Any reasons non-disclosure of address for child or any persons above** |  | | |