# Child’s Plan

## Basis for meeting

|  |
| --- |
| Choose an item. |

|  |
| --- |
| Date of Meeting: Click here to enter a date. |

## Child/Young Person’s Details

|  |  |  |
| --- | --- | --- |
| **Name** | **Known As** | **Child and Family Centre/Nursery/School Currently attending (if appropriate)** |
|  |  | *Child and Family Centre/Nursery* | *School* | *Other:* |
| Choose an item. | Choose an item. |  |
| **Date of Birth** | **Year Group** | **CHI Number** | **SWIFT Number** | **SEEMIS Number** | **Scottish Candidate No.** |
|  | Choose an item. |  |  |  |  |

| **Who was at the meeting and who gave apologies?** *(to* ***add*** *another row – place cursor in the last box in the table and press tab ‘⭾’ on your keyboard, headings repeat to next page automatically)* |
| --- |
| **Name** | **E-Mail Address** | **Telephone Number** | **Job Title/Relationship to Child/Young Person** | **Apologies received** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Discussion of Everyone’s Views

|  |  |
| --- | --- |
| Strengths or resiliencies  |  |

|  |  |
| --- | --- |
| Risks or unmet needs |  |

|  |  |
| --- | --- |
| Desired Outcomes |  |

1. **Action Plan**

| **Action Plan** *(to* ***add*** *another row – place cursor in the last box in the table and press tab ‘⭾’ on your keyboard, headings repeat to next page automatically)* |
| --- |
| **Desired Outcomes** | **Actions** | **By Whom?** | **By When?** | **Evaluation/Comment** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Contacts

|  |  |  |  |
| --- | --- | --- | --- |
| **Lead Professional** | **Job title and agency** | **Named Person** | **Job title and agency** |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Completed and Distributed by** | **Job Title** | **Date** |
|  |  | Click here to enter a date. |

|  |  |  |
| --- | --- | --- |
| **Date of Next Meeting** | **Time** | **Venue (including address and postcode)** |
| Click here to enter a date. |  |  |