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| --- | --- | --- | --- | --- |
| **Team around the Child - Member’s Views for the Planning Meeting** | | | | |
| **My Views for the Child and Family Planning Meeting** | | | | |
| **My Name:** |  | | **Role:** |  |
| **Child’s Name:** |  | | **Date and Time of Meeting:** |  |
| **I am unable to attend because:** | |  | | |
| **Child’s strengths** | | | | |
|  | | | | |
| **Current worries – mine and/or the child’s/family’s** | | | | |
|  | | | | |
| **Update on actions you are responsible for – are they working?** | | | | |
|  | | | | |
| **Goals, from my professional opinion** | | | | |
|  | | | | |
| **Further actions I am able to offer** | | | | |
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