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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** |
|       |