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| **TACSCOPE CONSULTATION FORM** | | | | |
| Date attending | |  | | |
| Who will be attending the TACSCOPE consultation? | | | | |
| Name |  | | Role |  |
| Outline the main reason for the consultation | | | | |
|  | | | | |
| Have appropriate consents been obtained? Yes No*If ‘Yes’ then attach the most recent Child’s assessment to this form* | | | | |
| If ‘No’ explain why consent has not been obtained. Ensure no identifying details of children and families are included (bullet points are sufficient). | | | | |
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