**Information for the Team around the Child/Young Person Meeting**

**Child/young person’s name**

**Date of Birth**

**Address**

**Please state which agency you represent: Education** **[ ]  Health** **[ ]  Social Care** **[ ]**

**Service/Agency**

**Background Information**

**The child/young person’s needs**

**Outcomes sought for the child/ young person**

**How these outcomes might be achieved**

**Name/ Title**

**Service/Agency**

**Address**

**Contact Details**

**Signature **

**Date**