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| --- | --- |
| Name:  | DATE:  |
| Setting:  |
| Present:  |
| Reason for meeting:  |
| **Child’s name:** | **Key worker:** |
| DOB: | **Difficulties:** |
| **Discussion** |
|  | **Introduce yourself and ask others to introduce themselves.****Explain reason for the meeting.**

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| PSE- MRSC/ SAMFB |  | C & L – L/AUSP |  | PH- MHH/ SC |  |

**Staff to share child’s experience in the setting. Try to include initially strengths and likes of the child.****Staff to share any concerns/difficulties.****How does the child likes to spend their time at home? Routine** **Has the child ever received any portage support?****Has the child attended any previous nurseries?****Have the parents ever accessed 2 year old funding?****Do parents have any concerns?****Communication?****Behaviour?****Eating?****Sleep?****Health Visitor involvement?****Any other agencies involved?****Any referrals made?****Anything else parents would like us to know?****Any other questions from anyone?****Actions****Read through the actions and ensure everyone is clear about the ways forward.****Set a new meeting date if appropriate.****Thank everyone for attending.** |