|  |  |  |
| --- | --- | --- |
| 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.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | PSE- MR  SC/ SA  MFB |  | C & L – L/A  U  SP |  | PH- MH  H/ 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.** | |