A meeting is being held to discuss the Education Health Care Plan/Statement of Special Educational Needs for Child’s Name & DOB. The meeting will take place at place on date and time.

We would like to take this opportunity to invite you to attend the Person Centred Meeting for Child’s Name this will enable you to share your professional views and support us in developing a multi-agency approach. However if you cannot attend the meeting can we request that you complete the sections below to ensure your views are shared and documented.

Please state service – Education Health Social Care

**Strengths and abilities – Like and admire**

**What I consider is important at this point for Child’s Name**

**What is working and what is not working for Child’s Name**

Please ensure all paperwork is returned by **date.**

If you are no longer working with Child’s name please return this paperwork stating the discharge date and date of last report.

Please return all completed paperwork to: Name and address

**Desired Outcome for Child’s Name *(****Please include time scales for expected completion of outcomes, how this will be followed up by service and who will be responsible for implementing)*

**Name:**

**Designation:**

**Signature: Date:**