multi-ageNcy support plan

Team Around Me (TAM) or Team Around Family (TAF)

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| **This plan is for (include as many children/young people who are relevant to this plan):** | **If child/YP has SEND please state priority needs on scale of 1-4. 1 = primary need** |
| Communication & Interaction | Cognition & Learning | Social, Emotional & Mental Health | Sensory and/or Physical needs |
|  **Name:** |  |  **Date of birth:** |  |   |   |   |   |
|  **Name:** |  |  **Date of birth:** |   |   |   |   |   |
|  **Name:** |  |  **Date of birth:** |  |   |   |   |   |
|  **Date of Meeting**: |   |  **Time**:  |   | **Is this a review?** |   | **Date of previous meeting**: |   |
|  **Present at meeting**: |   |
|  **Apologies**: |   |
|  **Current Lead Professional**: |   |
|  **Discussion Points:** |
| **Child/ Young person’s story/interests/aspirations** (attach one page profile): **Parents’/ carers’ aspirations for child/young person**:  |
| **Education Needs – including strengths and any education needs (for SEND attach relevant evidence e.g. IEP:** **Health Needs** **– including strengths and any health needs** (for SEND attach relevant evidence e.g. medical report): **Care Needs – including strengths, family environment and social care support** (for SEND consider discussion around short breaks: **Other**  |
| **Date and time of next meeting:** |   | **Venue:** |   |
| **Lead Professional agreed at meeting:** |   |
| **Lead Professional’s signature:** |   |
| [ ]  Lead Professional to check box to confirm that this plan has been discussed and agreed by the child/young person, parent/carer and relevant professionals |
| We recognise that the information contained within this or in the document(s) attached is confidential and therefore I have checked this to ensure accuracy.  Please be assured that Plymouth City Council takes every step to guarantee that information is kept safe and secure. |

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| multi-agency support plan |
| **Name**: |   | **Date plan written**: |   | **Date of review:** |   |
| **Desired outcome 1.**  |
| **How will we know if we have achieved the outcome?** |
|  |
| **Support/provision/equipment/strategy required to achieve this outcome. What will we do and how?** | **Who will provide/monitor this support?** | **By when?** | **At review:** |
| **Was this achieved?** |
|   |   |   |   |
| **At review: How well did we succeed with outcome/next steps?** | **Was this outcome achieved?** |
|   | **Yes** [ ] **No** [ ]  |

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| multi-agency support plan |
| **Name**: |   | **Date plan written**: |   | **Date of review:** |   |
| **Desired outcome 2.**  |
| **How will we know if we have achieved the outcome?** |
|   |
| **Support/provision/equipment/strategy required to achieve this outcome What will we do and how?** | **Who will provide/monitor this support?** | **By when?** | **At review:** |
| **Was this achieved?** |
|   |   |   |   |
| **At review: How well did we succeed with outcome/next steps?** | **Was this outcome achieved?** |
|   | **Yes**[ ] **No**[ ]  |

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| multi-agency support plan |
| **Name**: |   | **Date plan written**: |   | **Date of review:** |   |
| **Desired outcome 3.**  |
| **How will we know if we have achieved the outcome?** |
|   |
| **Support/provision/equipment/strategy required to achieve this outcome What will we do and how?** | **Who will provide/monitor this support?** | **By when?** | **At review:** |
| **Was this achieved?** |
|   |   |   |   |
| **At review: How well did we succeed with outcome/next steps?** | **Was this outcome achieved?** |
|   | **Yes**[ ] **No**[ ]  |

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| multi-agency support plan |
| **Name**: |   | **Date plan written**: |   | **Date of review:** |   |
| **Desired outcome 4.**  |
| **How will we know if we have achieved the outcome?** |
|   |
| **Support/provision/equipment/strategy required to achieve this outcome. What will we do and how?** | **Who will provide/monitor this support?** | **By when?** | **At review:** |
| **Was this achieved?** |
|   |   |   |   |
| **At review: How well did we succeed with outcome/next steps?** | **Was this outcome achieved?** |
|  | **Yes**[ ] **No**[ ]  |