

TAF Minutes and Action Plan

Childs name:		D.O.B:	Meeting Date:
Attendees	Job role/Relationship to child or young person & Work setting		Email
Lead Professional:	Job role/Relationship:	Setting:	Email:
Address:			Contact no:

Meeting Discussion:

Desired Outcome (measureable and agreed with child, young person, family)	Action	Who will do this?	By When?	How will we know things have improved?	Progress & comment (for completion at review stage)	Date action closed

Child or young person's comment on the review and actions identified:

Parent or carer's comment on the review and actions identified:

Can the EHAT case be closed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Were the outcomes:	
Reason for closure:					Fully met	<input type="checkbox"/>
					Partially met	<input type="checkbox"/>
					Not met	<input type="checkbox"/>
					Have the needs increased/got worse?	<input type="checkbox"/>
					Did the case escalate to social care?	<input type="checkbox"/>
				Date of next meeting:	<input type="text"/>	