**AGENDA**

**Care Team Meeting (Client’s Name)**

**Date:** XX/XX/XX

**Time:**  **00:00pm**

**Location:**  **X**

**Present:**

**Apologies:**

|  |  |
| --- | --- |
| **Agenda Items** | **Person Responsible** |
| Introductions | All |
| Impact Statement | Client’s name, or X on behalf of client’s name |
| Updates/report (list here if you have a specific request)  | Name of service/professional) |
| Update/report (list here if you have a specific request) | Name of service/professional |
| Child – update/report | Name of service/professional |
| Child – update/report | Name of service/professional |
| Risk Assessment and Safety Planning – any updates |   |