



Early Help Meeting Prep Form



- ◇ You have been invited to attend an Early Help meeting for the individual/family detailed below as your service has been identified as being one which could support this individual/family.
- ◇ In preparation for this meeting, please check any information you may hold about the individual/family and then complete the relevant sections below.
- ◇ If you are unable to attend the meeting, please ensure that you send apologies and complete and email this form to the lead practitioner. If you are the lead practitioner and cannot attend, please ensure this information is passed on to a colleague to share at the meeting on your behalf.

Name and DoB of Child/Young Person/Family	
Address	
Date of Early Help Meeting	
Is this the first meeting?	
<u>Details of Practitioner completing this form</u> Name Job Title Service Mobile Number Email Address	

<u>What's working well?</u>
<u>What could be better and why?</u>
<u>What needs to happen?</u>
<u>Other relevant information to support this individual/family</u>