**Stronger Families Plan Review**

**Review Date:** date-month-year

|  |  |
| --- | --- |
| **Details of Child:** |  |
| **Family Name** |  | Names |  |
| **Date of Birth** | date-month-year | Gender |  |
| **Ethnicity** |  | Primary Language |  |

# **Meeting Attendees**

|  |  |
| --- | --- |
| **Review Chair:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Attendee** | **Present?** | **Was a report provided?** | |
|  |  |  |
|  |  |  |
|  |  |  |

# **Summary of Review Discussion**

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# **Family Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Priority** | **Desired Outcome** | **Action** | **Who will do this** | **Date of Review** | **Progress** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Child / Young Person's views about the plan**

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|  |

**Family’s Views about the Plan**

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|  |

**Review Decisions**

Continue to progress plan - schedule further Stronger Families plan review

Change Lead Professional Responsibility

Transfer Stronger Families Plan to another Key Agency

Stronger Families Plan complete - transfer to Universal Services

Stronger Families Plan complete - close Episode

**Signatures**

|  |  |
| --- | --- |
| **Lead Professional’s Name** |  |
| **Signature** |  |
| **Parent / Carer’s Name** |  |
| **Parent / Carer’s Signature** |  |