



## Joint Action Plan

Child/Young Person's Name:

DOB:

School/Setting:

Date of Meeting:

### Present at the Meeting

Name	Role
•	•
•	•
•	•
•	•

### Discussion Points

What is currently going well which everyone would like to continue?

<b>1</b>	<b>Action Point 1</b>  How will we work together to achieve this?
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<b>2</b>	<b>Action Point 2</b>  How will we work together to achieve this?
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<b>3</b>	<b>Action Point 3</b>  How will we work together to achieve this?
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**Next Steps**

- Date of Joint Review Meeting .....**
- or
- Agreement that school/setting will discuss outcomes. No further involvement of the Service at this stage**