



Eastern Region Parent Partnership Planner (Norfolk Parent Partnership is part of the Eastern Region Parent Partnership)

This document was developed for and with parents

The document can be filled in by parents or professionals, ensuring that everyone has a copy at the end of the meeting to take away.

Parent information

Name of parent (s)

Contact details

Phone **Email**

Address

..... **Postcode**

Child information

Name of the child **Date of birth**.....

School attended..... **Year group**.....

Statement of Special Educational needs: **YES** **NO**

Please write the special need or diagnosis of your child here, if there is one:

.....

.....

Meeting arrangements

I have a meeting on

The meeting will take place at

The following people are attending the meeting

.....

.....

Consent to information sharing

I agree to information on this form being shared: **YES** **NO**

Signature **Date**.....

Use this side of the form to describe the most important issues or to record the actions in your meeting.

What do you see as the important issue?	The agreed action	Who and When
1.		
2.		
3.		
4.		

Ask how will this meeting will be reviewed? Date and time of next meeting if required