**Hackney SENDIAGS Planner**

This document can be filled in by parents or practitioners, 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 ……………………………………………….

**Child Information**

Name of child …………………………………………… Date of Birth ……………………..

School attended ……………………………………….. Year Group …………………………

Educational, Health and Care Plan: YES NO

Please write the special educational need and/or disability of your child here, if there is one:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meeting arrangements**

I have a meeting on …………………………………………….

The meeting will take place at …………………………………

The meeting is about ……………………………………………………

The following people are attending the meeting ……………………………………… ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Consent to information sharing**

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

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. |  |  |

**REVIEW**: How will this meeting be reviewed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time of next meeting if required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_