

Team around the Family (TAF) Family-Friendly Plan

Name of Family: _____ **Child's name :** _____

Child's DOB: _____ **Date of TAF meeting:** _____

Names of people at the TAF meeting	Main comments about family support and the child's outcomes
1.	
2.	
3.	
4.	
5.	
6.	

Names of any people unable to attend the TAF meeting: _____

Team around the Family Key worker and other agencies	Next steps and action (What each person/agency will do)
1.	
2.	
3.	
4.	
5.	
6.	

Family member signature: _____

Family Key Worker's name (Print): _____

Family Key Worker's signature: _____

Date of the next TAF meeting: _____