*(Insert Name and Address of Organisation)*

Date

Dear

Following the completion of an Early Help Assessment a Team Around the Family meeting has been arranged for:

Name: D.O.B

Date:

Time:

Venue:

This meeting will consider the actions outlined on the Early Help Assessment and identify the Lead Professional.

If you are unable to attend please will you provide a written report, outlining your current involvement with the family.

Yours sincerely