*(Insert Name and Address of Organisation)*

Date

Dear

You are invited to attend a Team Around the Family meeting for:

Name: D.O.B

Date:

Time:

Venue:

The Lead Professional for this family is:

Name:

Role:

Contact number:

The purpose of the meeting is to assess the effectiveness of the support plan identified as an outcome of an Early Help Assessment and plan for any further support the family may need.

Please confirm your attendance to this meeting to the above Lead Professional. If you are unable to attend please will you provide a written report outlining your involvement with the family.

Yours Sincerely