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 **Multi-agency Initial/Review Child Protection Conference Report:**

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| **Date of Meeting** |
| Click here to enter a date. |

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| **Type of Meeting: Initial/Review Conference** |
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| --- |
| **Name, Agency and Agency address of Person Writing Report** |
|  |

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| **Details of the Child or Young Person (other children in the family to be considered):** |
| **Name & ID Number:** | **Name & ID Number:** | **Name & ID Number:** |
| **Date of Birth:**  | **Date of Birth:**  | **Date of Birth:**  |
| **Address:** |

**Household Members:**

|  |  |
| --- | --- |
| **Name** | **Relationship** |
|  |  |
|  |  |

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| --- |
| **What are we worried about:** |

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| **Impact on the Child (“So What”):** |

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| --- |
| **What is working well:** |

|  |
| --- |
| **Voice of the Child:** |

**Will you be attending conference? Yes/No**

**Recommendation for Conference:**

**Child Protection Plan? Yes/No**

**If yes:**

Category of Harm: Neglect. Emotional, Physical or Sexual Abuse?

**If no:**

What are you recommending instead?

**Date this report was completed:**

**Date that report was shared with parents:**