



Eastern Region IASS Planner

(Norfolk SEND Partnership is part of the Eastern Region IASS)

This document was developed for and with parents

The document can be filled in by parents, young people or professionals, ensuring that everyone has a copy at the end of the meeting to take away.

Young Person/child information

Name Date of Birth.....

Nursery/School/college Year group.....

Phone Email

Address

..... Postcode

**Statement of Special Educational needs/
Education Health and Care Plan (EHCP):** YES NO

Learning Disability assessment (LDA)

Brief description of needs/diagnosis:

.....

.....

Parent information

Name of parent (s)

Contact Details

Phone..... Email.....

Address.....

..... Postcode.....

Meeting arrangements

I have a meeting on at

The following people are attending the meeting

.....

Consent to information sharing

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

Signature Date.....

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.		

Use this side of the form to describe the most important issues or to record the actions in your meeting.

Ask how will this meeting will be reviewed? Date and time of next meeting if required

What do you see as the important issue?	The agreed action	Who and When
5		
6.		
7.		
8.		

Ask how will this meeting will be reviewed? Date and time of next meeting if required

What do you see as the important issue?	The agreed action	Who and When
9		
10.		
11.		
12.		

Ask how will this meeting will be reviewed? Date and time of next meeting if required