**NORTHUMBERLAND COUNTY COUNCIL**

**WELLBEING AND COMMUNITY HEALTH SERVICES**

**CHILDREN’S SERVICES**

**Initial PLO Meeting**

**Held on at**

**Regarding:**

**CHILD NAME**

**DOB**

**Attendees:**

**Apologies:**

**Purpose of Meeting:**

**Concerns of the LA**

**Views from the Parents**

**Suggested PLO Plan**

**Agreed Next Steps and Timescales**

**Date of Next Meeting**