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| **Team Manager’s recommendation regarding the need for a LPM:**  ***Please include the recommendation and rationale for decision. Please make a recommendation regarding the plan to be put forward at the LPM and If Pre-Proceedings is not appropriate and Care Proceedings should be issued, please explain why this situation needs this urgent action.***  *Is the case suitable for FDAC? yes/no (delete as appropriate)*  *If so have you discussed with TACS? Yes/no (delete as appropriate)*  **Please confirm that you have seen and quality assured the following documents in preparation for the LPM:**  **If plan is to go into Pre-proceedings:**  Basic Information sheet Yes/No *(delete as appropriate)*  Single Assessment Yes/No *(delete as appropriate)*  Chronology Yes/No *(delete as appropriate)*  Genogram Yes/No *(delete as appropriate)*  Jones Model assessment of risk *Yes/No (delete as appropriate)*  **If plan is to issue care proceedings**  Single Assessment Yes/No *(delete as appropriate)*  Chronology Yes/No *(delete as appropriate)*  LPM SWET Yes/No *(delete as appropriate)*  Genogram Yes/No *(delete as appropriate)* |
| **Head of Service’s decision regarding the need for a LPM:**  ***Please include the rationale for decision.*** |

Signature :

Date: