

## **Locality Learning Circles**

## **Key Learning Points and Actions**

Child's ID:	Locality:
Date of learning circle:	Facilitator:
Key Learning Points  • • • • • • • • •	
Actions / dates to be completed  • • • • • • • • • • •	
Team Manager, please:	
<ul> <li>Attach to child's record</li> <li>Send to QAPaudits <u>QAPaudits@dorsectouncil.gov.uk</u></li> <li>Copy in your Head of Locality</li> </ul>	

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