



**CONFIDENTIAL FILE NOTE: RECORD OF MEETING**

**This document should be filled out whenever there is a safeguarding concern and a meeting is held.**

<b>Child Name</b>	<b>DOB</b>	<b>Class/Form</b>

<b>Location/means of Meeting</b>		<b>Date</b>		<b>Time</b>	
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<b>Reason for Meeting:</b>	
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<b>Other professionals present:</b> <i>(include name and job title)</i>	<b>Family members &amp; other adults present:</b> <i>(include name and relationship to the child)</i>
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**Key points discussed:**

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**Agreed actions** *(include person responsible and timescales):*

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**Date & time of next meeting:**

**DSL Name:**

**Signature:**

**Evidence of Follow-up action taken by DSL:**

*(include progress against agreed actions, follow-up with other professionals, parents and child including the date)*

**Further Action Agreed:**

*e.g. School to instigate a Family Support Process, assessment by Children's Services*



Full name:

DSL Signature:

Date: