

Record of Meeting Form

Date of Meeting: _____

Names and roles of those present:

_____	_____
_____	_____
_____	_____

Details of concern (be clear about what is fact and what is fiction):

What has the child/young person said (if anything):

Decision reached – choose at least one of the following options:

Please tick those selected.

	1.	Take no further action. Why?
	2.	Talk to the parents/carers Why? Who will do this?
	3.	Arrange a discussion with an outside body Why? With whom? Who will do this?
	4.	Make a formal report to social services or Police/An Garda Síochána Why? Who will do this?

5. Has the Connexional Safeguarding Officer been contacted for advice or to report?

Signatures of those present:

PRINT NAME: _____

PRINT NAME: _____

PRINT NAME: _____

PRINT NAME: _____