
Recording Your Concerns

The sheet should be completed as soon as possible.

Name of Child/Young Person	
Address	
Concern	

INCIDENT	
What happened?	
Who was involved?	
Date and Time	

What did you do/say?	
-----------------------------	--



The decision was	<ul style="list-style-type: none">• Advise young person to speak to teacher / school nurse / school counsellor• Contact Common Assessment Framework Trained Person / Officer• Decision to refer to Children’s Services:• Decision not to refer to Children’s Services:
-------------------------	---

Signed

Name

Date