# Confidential file note: Record of telephone conversation

| **Information required** | **To be completed** |
| --- | --- |
| Pupil Name |  |
| DoB |  |
| Class/Form |  |
| Message for |  |
| Caller*(please specify including full name, job title or relationship to child)* |  |
| Date |  |
| Time |  |
| Telephone Number |  |
| Details/Key Points discussed |  |
| Agreed actions *(include person responsible and timescales)* |  |
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| Agreed actions *(include person responsible and timescales)* |  |
| 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 an Early Help Assessment, assessment by Children’s Social Care)* |  |
| Full name |  |
| DSL Signature |  |
| Date |  |