# Confidential file note: Record of meeting

| Information required | To be completed |
| --- | --- |
| Pupil name |  |
| DOB |  |
| Class/Form |  |
| Location of meeting |  |
| Date |  |
| Time |  |
| Reason for meeting |  |
| Professionals present(include name and job title) |  |
| Family members & other adults present: (include name and relationship to the child) |  |
| Key points discussed |  |
| Agreed actions(include person responsible and timescales) |  |
| 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 an Early Help Assessment Plan, assessment by Children’s Social Care)* |  |
| Full name |  |
| DSL Signature |  |
| Date |  |