



Debenham High School  
A Church of England High Performing Specialist Academy

## RECORD OF CONCERN ABOUT A CHILD/YOUNG PERSON'S SAFETY AND WELFARE

Part 1 (for use by any staff – must be handwritten and legible)

Pupil's name:	Date of birth:	Class/Form:
Date & time of incident:	Date & time (of writing):	
Name (print): _____		Job title: _____
Signature: _____		
Record the following factually: Nature of concern, e.g. disclosure, change in behaviour, demeanour, appearance, injury, witnesses etc. <i>(please include as much detail in this section as possible. Remember – the quality of your information will inform the level of intervention initiated. Attach additional sheets if necessary.)</i>		
What is the pupil's perspective?		
Professional opinion, where relevant <i>(how and why might this have happened?)</i>		
Any other relevant information. Previous concerns etc. <i>(distinguish between fact and opinion)</i>		
Note actions, including names of anyone to whom your information was passed and when		

Check to make sure your report is clear to someone else reading it.

**Please pass this form to your DSL (Louise Ramsay) or ADSL (Simon Martin or Lorraine Keeble) without delay**

## RECORD OF CONCERN ABOUT A CHILD/YOUNG PERSON'S SAFETY AND WELFARE

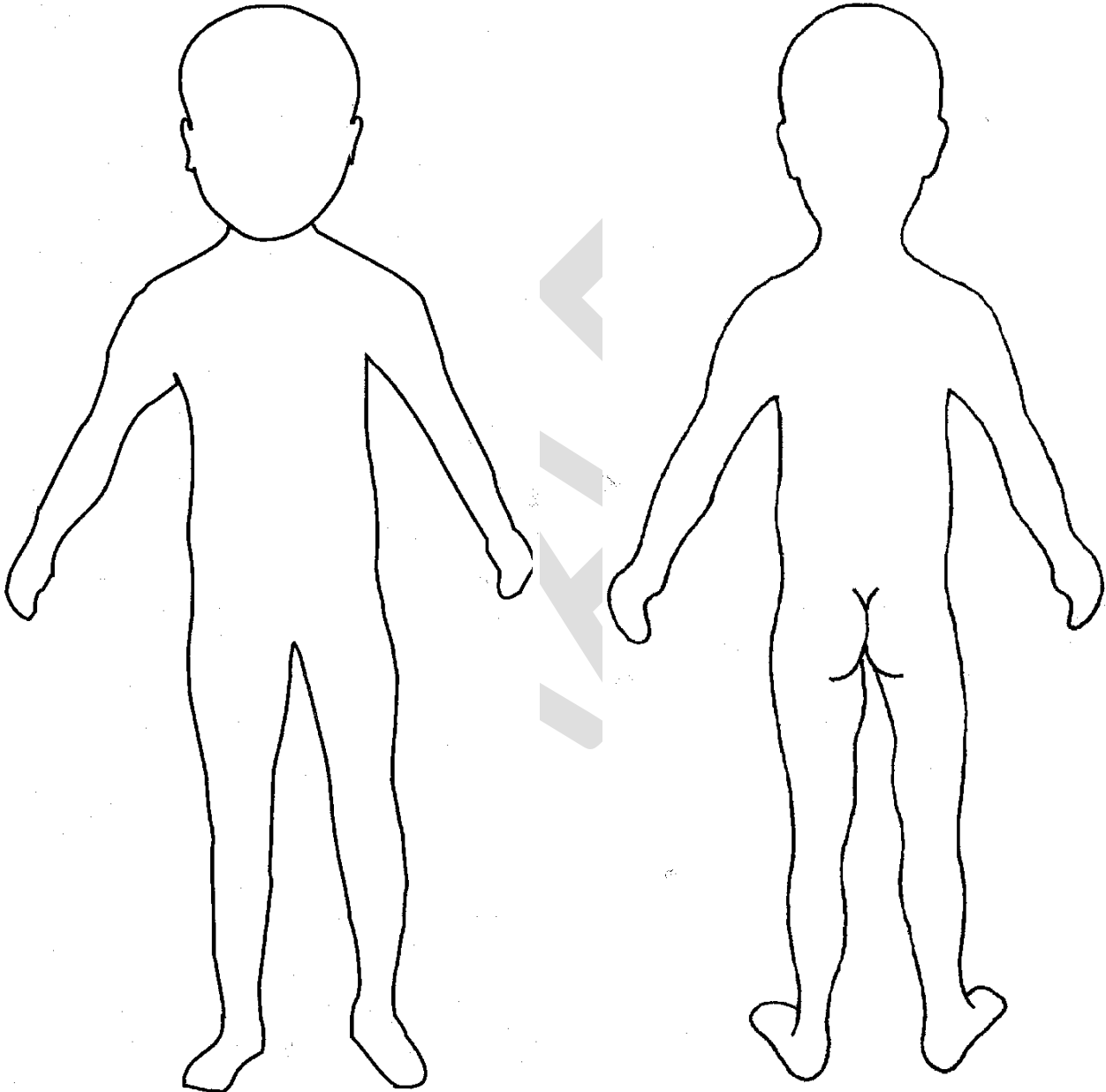
### Part 2 (for use by DSL)

Information received by DSL:	Date:	Time completed:	From whom:		
Any advice sought, if applicable	Date:	Time completed:	From: name/organisation:		
	Advice received:				
Action taken with reasons recorded <i>(e.g. MARF completed, monitoring advice given to appropriate staff, CAF etc)</i>	Date:	Time completed:	By whom:		
Outcome	Date:	Time completed:	By whom:		
Parent/carer informed?	<b>Y</b>	Who spoken to:	Date:	Time:	By whom:
	<b>N</b>	Detail reason:			
Is any additional detail held, if so where?					
Prior safeguarding history	No. of previous records of concern:				
	Has the child been subject of CAF/Early Help assessment?				
	Currently on CP Plan (CPP) / Child in Need Plan (CiN)				
	Previously on CP Plan (CPP) / Child in Need Plan (CiN)				
	Is child known to other agencies?		Y / N		
Name of DSL:				Signature:	

# BODYMAP

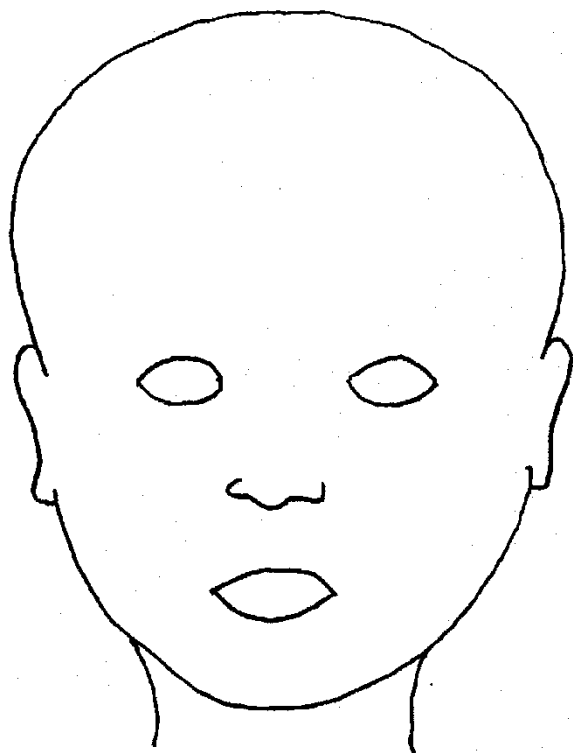
(This must be completed at time of observation)

Name of Pupil:		Date of Birth:	
Name of Staff:		Job title:	
Date and time of observation:			

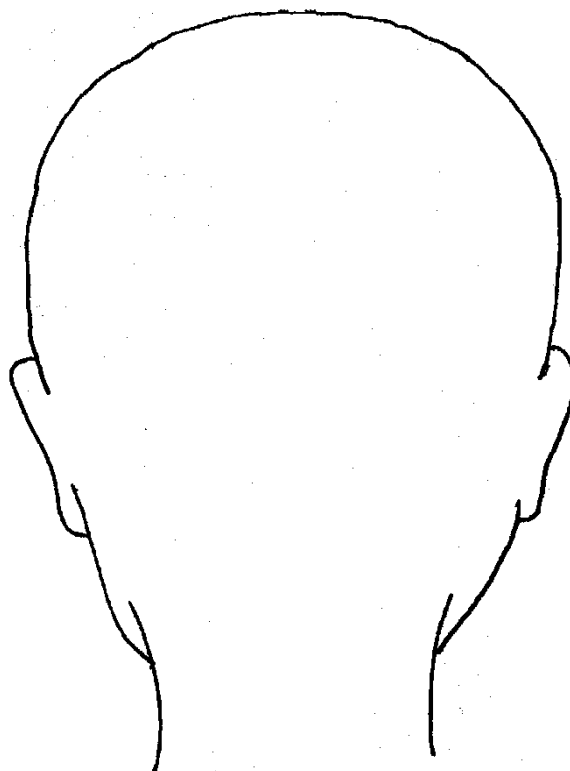


Name of pupil:

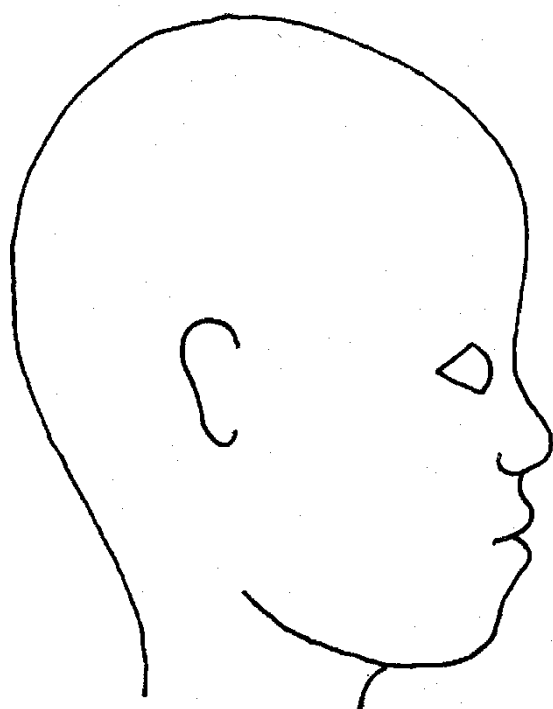
Date and time of  
observation:



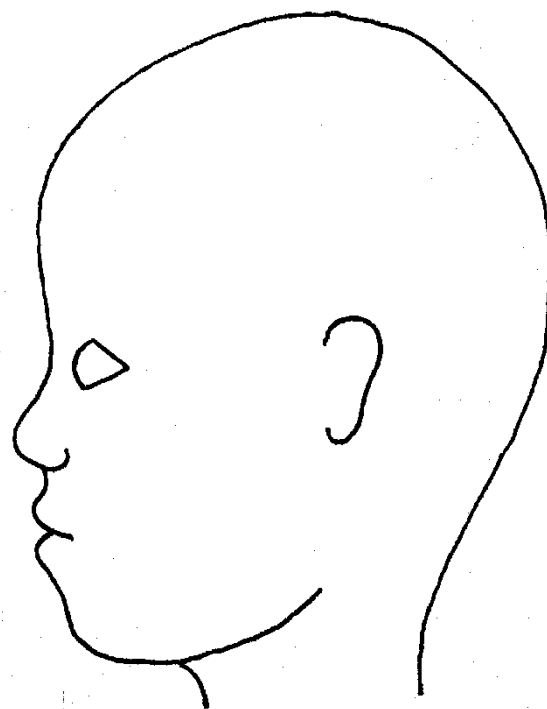
**FRONT**



**BACK**



**RIGHT**

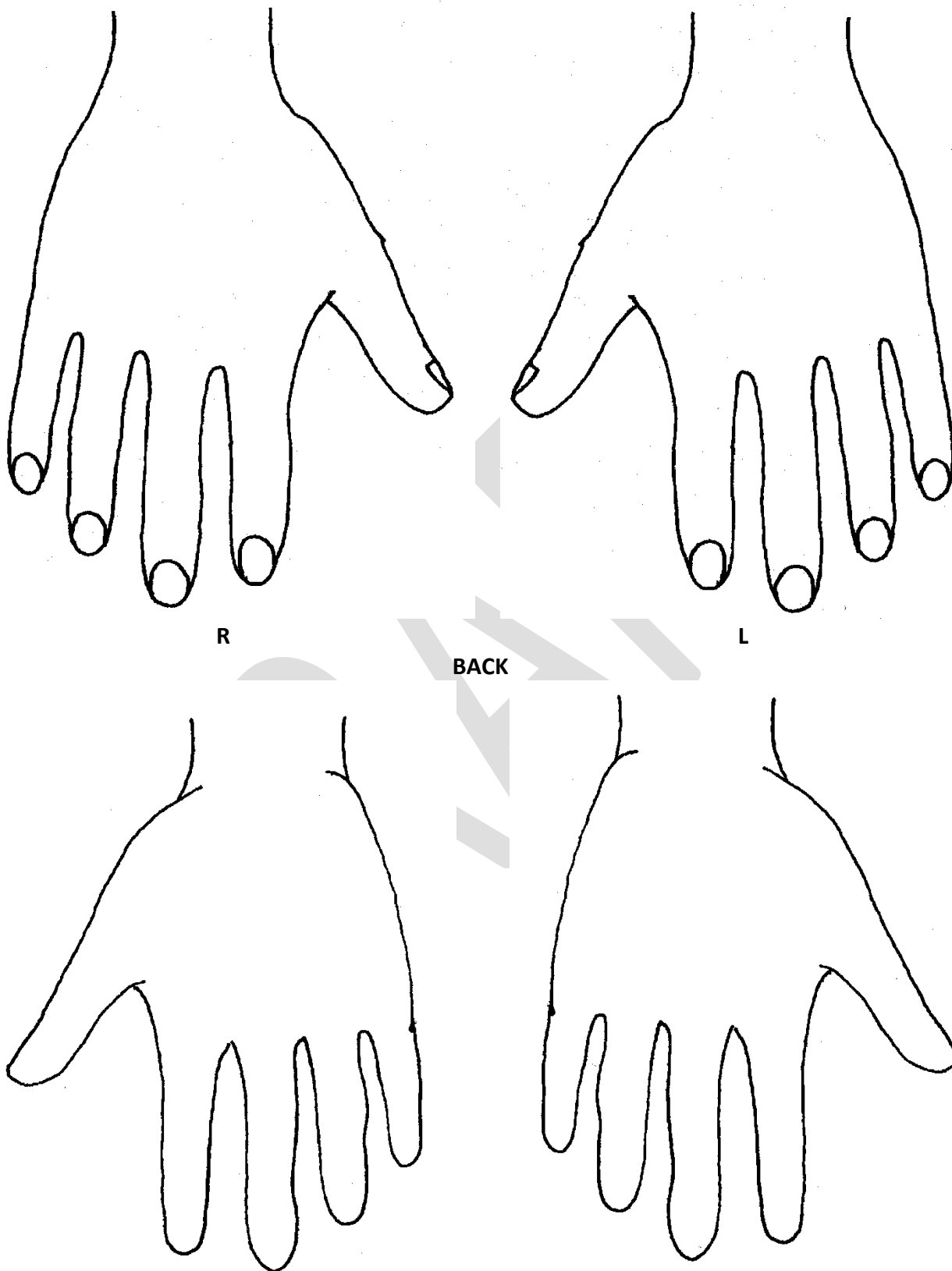


**LEFT**

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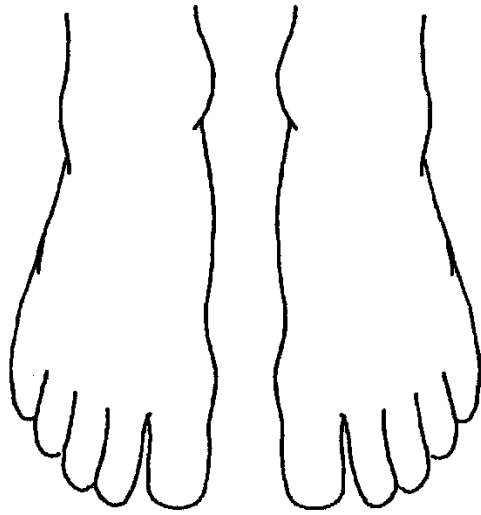
Name of pupil:

Date and time of  
observation:

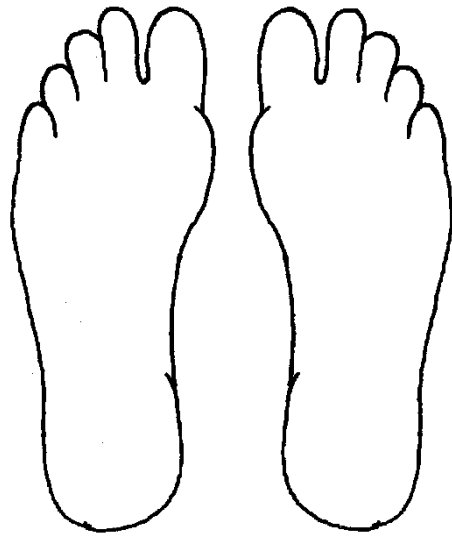


Name of Pupil: \_\_\_\_\_

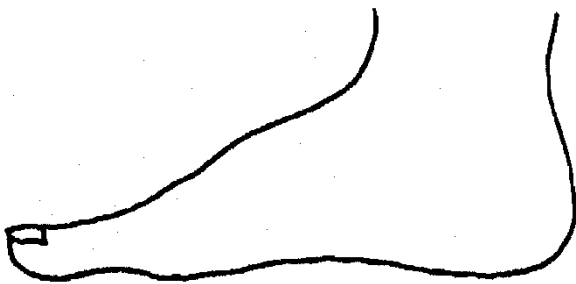
Date and time of observation: \_\_\_\_\_



R TOP L



R BOTTOM L



R

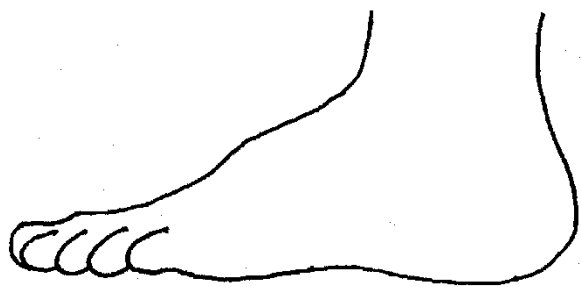


L

INNER



R



L

OUTER

Printed Name, Signature and Job title of staff:			
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