

Time form received by DSL:

Action taken by DSL

Referred to...?

Attendance
Improvement
Officer

Police

Just one
Number

Children's
Services

PSA
Services

Early Help

Other
Family Focus

Date:

Time:

Parents informed? Yes / No (If No, state reason)

Feedback given to...?

Pastoral team

Tutor

Child

Person who recorded disclosure

Further Action Agreed:

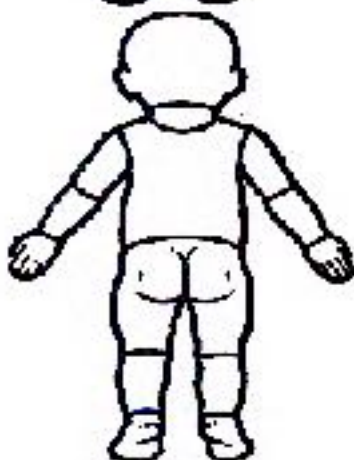
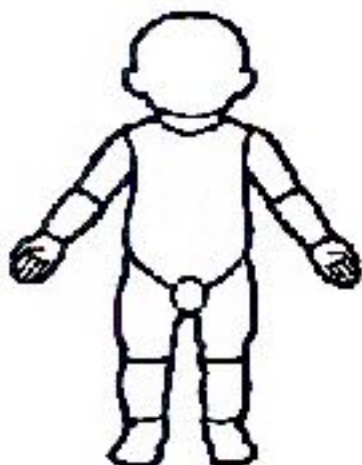
e.g. School to instigate a Family Support Process, assessment by Children's Services

Full name:

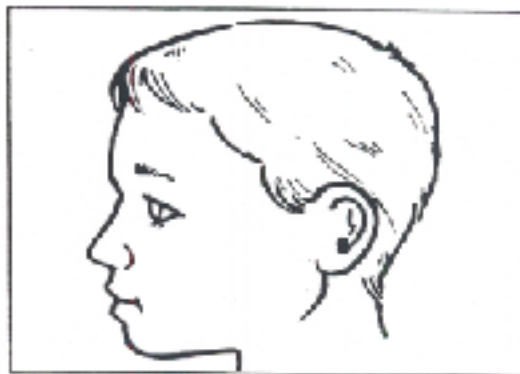
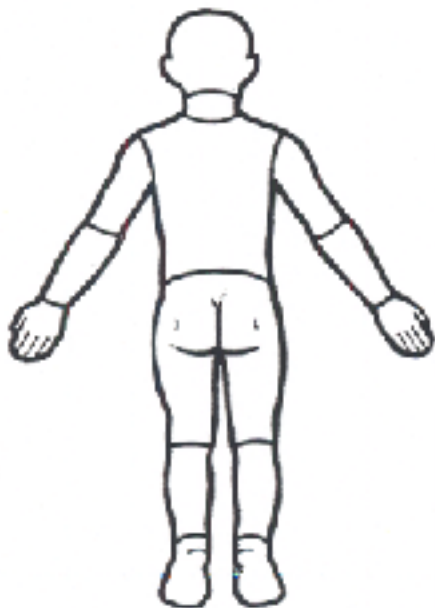
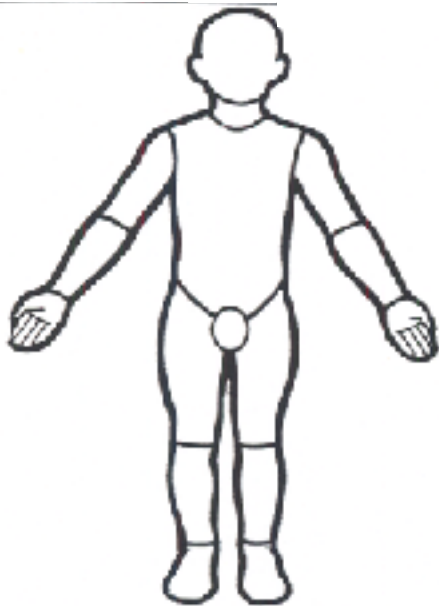
DSL Signature:

Date:

Young Child



Older Child



In