



STUDENT BEHAVIOUR INCIDENT FORM

This form is to be completed by the observer of the incident or the team member receiving the information. ALL incidents of bullying or concerns about student behaviour MUST be recorded and then discussed with the CLS Lead.

INDIVIDUAL OF CONCERN

Name	
Date of birth	
Address	
Creative Learning Studio	
Programme Start Date	
Programme End Date	

INCIDENT REPORTING

Was the incident observed by you?	YES/NO
If no to above, who reported the incident to you? E.g. the above student, another student, another team member, parent/carer, member of public	

THE INCIDENT

Date (and time if known)	
Location	



STUDENT BEHAVIOUR INCIDENT FORM

Describe what happened – try to use the reporters own words.

Include all persons allegedly involved, and in what way. Include other student details where appropriate. Include details of any witnesses

STUDENT BEHAVIOUR INCIDENT FORM



ACTION TAKEN FOLLOWING DISCLOSURE

<p>CLS Lead informed – when?</p> <p>Notes of discussion</p> <p>Following discussion, does the incident need to be escalated to a Safeguarding concern?</p> <p>If yes to above, do not complete this form any further - complete a Safeguarding Disclosure Form and file this form with the case</p>	
<p>DSL informed – when and by whom?</p> <p>Describe any agreed actions</p>	
<p>Parents/Carers informed – if so when and by whom?</p> <p>Notes of the discussion where applicable</p>	
<p>Police informed –</p> <p>If yes – By whom Date time Address Name of officer Position Email address Telephone number</p>	<p>Yes/No</p>



STUDENT BEHAVIOUR INCIDENT FORM

Notes of the discussion where applicable	
Local Authority informed – If yes – By whom Date time Address Name of officer Position Email address Telephone number Notes of the discussion where applicable	Yes/No
Describe any other persons informed or other actions and discussion notes	



STUDENT BEHAVIOUR INCIDENT FORM

FUTURE ACTION/S REQUIRED

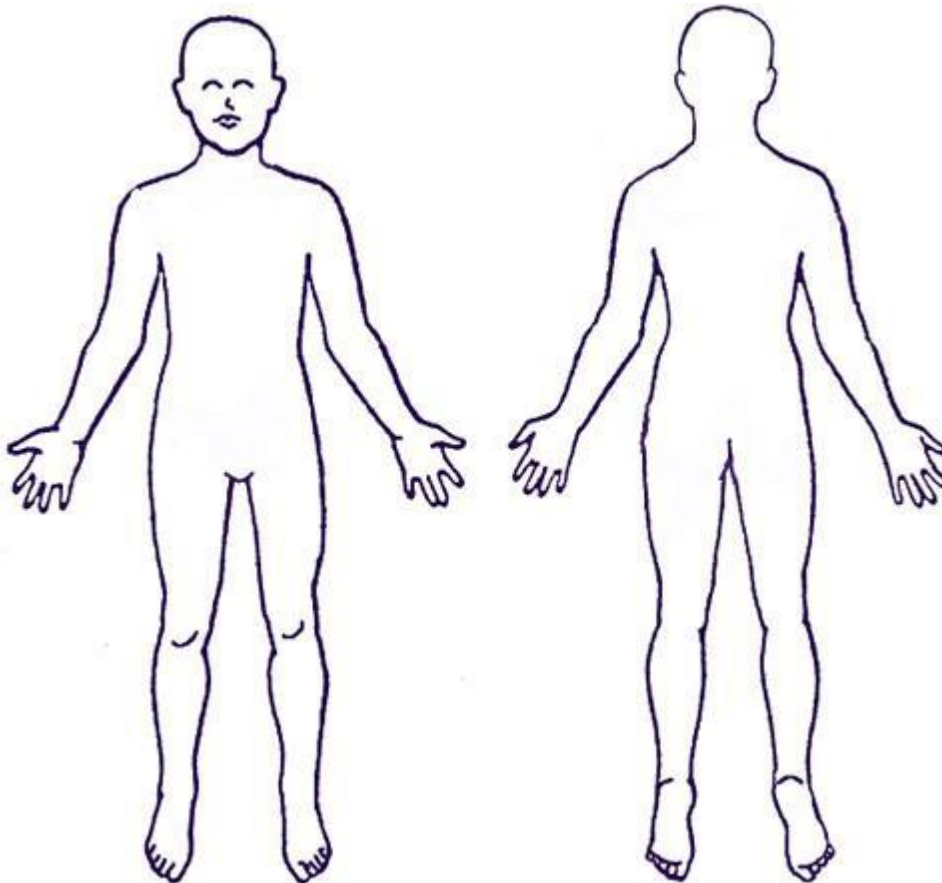
Describe further actions that need to be taken and who is responsible

e.g. as a result of any of the above discussions

STUDENT BEHAVIOUR INCIDENT FORM

BODY MAP

These diagrams are designed for the recording of any observable bodily injuries that may appear on the person. Where bruises, burns, cuts, or other injuries occur, shade and label them clearly on the diagram. **Remember it is not your job to investigate or to decide if an injury or mark is non-accidental. Listen, observe, and pass it on.**





STUDENT BEHAVIOUR INCIDENT FORM

CLS LEAD

Confirm the incident has been recorded on the central register

Date of entry: _____

Confirm the incident has been recorded on the student file

Date of entry: _____

The DSL will review the central register on a weekly basis.

SIGNATURES

Name of person completing form	Signature and date

Creative Learning Studio Lead / Designated Safeguarding Lead	Signature and date