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| --- | --- |
| Name: |  |
| Class: |  |
| DOB: |  |
| Relevant School Contacts: (e.g., class teacher, head of year) |  |
| Relevant External Contacts: (e.g., social worker, care coordinator)  |  |
| Additional Information: (e.g., Any diagnosed mental health conditions, disabilities, chronic illness, emotional or behavioural difficulties, care experienced) |  |
| Special requirements, strategies or necessary precautions (e.g., sensory or physical requirements)  |  |
| Additional Documentation: (e.g., learning plans, pupil wellness action plans) |  |
| Emergency Contact:  |  |

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| --- | --- | --- | --- | --- |
| Date: | Name: | Notes: | Action:  | Additional Information |
| 01/01/22 | Lildonia | * AB became distressed during period
 | * LL to contact mum
* AB to use ‘calm zone’ if he starts to feel distressed
* Signposted to XYZ organisation
 | **Link to full account of incident/appointment**  |
| 01/01/22 | Lildonia  | * Pre-planned appointment with mental health first aider for check in
 | * AB to have further check in next week
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