

Recording & Monitoring Form - for concerns relating to adults within the Education Service

1 September 20__ _
to
31 August 20__ _

A separate form must be completed for each incident.

If an incident concerns more than one young person a separate form should be completed

1. INFORMATION ABOUT SCHOOL

(a) Nursery Infant Junior Middle Primary Secondary PRU

(b) EBD SLD MLD Residential Special

(c) Community Voluntary Aided Voluntary Controlled Foundation Independent

(d) Day School Residential School Both

2. LEA NUMBER

3. NAME OF SERVICE IF NOT A SCHOOL

4. INFORMATION ABOUT THE ALLEGATION OR CONCERN

(a) What is the professional role of the person receiving the initial concern?

(b) Date allegation or concern received eg 02/07/2001
Day Month Year

(c) Date of alleged incident eg 02/07/2001
Day Month Year

(d) Where did the alleged incident take place? Classroom Corridor Playground
School Trip In transport In family home
Other - Specify

(e) Nature of allegation or concern Sexual Physical Emotional
Neglect Inappropriate Language Inappropriate Behaviour
Inappropriate Handling Other - Specify

(f) Brief description of allegation or concern raised

5. INFORMATION ABOUT THE YOUNG PERSON

(a)	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	(b)	Date of Birth	<input type="text"/>	<input type="text"/>	(c)	Year group	<input type="text"/>
						Day	Month			eg 02/07
(d)	Ethnicity	White-British <input type="checkbox"/>	Mixed-White and Black Caribbean <input type="checkbox"/>		Asian or Asian British-Indian <input type="checkbox"/>		Black or Black British-Caribbean <input type="checkbox"/>			
		White-Irish <input type="checkbox"/>	Mixed-White and Black African <input type="checkbox"/>		Asian or Asian British-Pakistani <input type="checkbox"/>		Black or Black British-African <input type="checkbox"/>			
		White-Traveller of Irish Heritage <input type="checkbox"/>	Mixed-White and Asian <input type="checkbox"/>		Asian or Asian British-Bangladeshi <input type="checkbox"/>		Black or Black British-Any other Black Background <input type="checkbox"/>			
		White-Gypsy/Roma <input type="checkbox"/>	Mixed-Any other Mixed Background <input type="checkbox"/>		Asian or Asian British-Any other Asian Background <input type="checkbox"/>		Chinese <input type="checkbox"/>			
		White-Any other Background <input type="checkbox"/>					Any other Ethnic Group <input type="checkbox"/>			
					Parent/Pupil preferred not to say <input type="checkbox"/>		Information not obtained <input type="checkbox"/>			
(e)	Is the young person in public care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
(f)	Is the young person on the Child Protection register?	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
(g)	Does the young person have any special educational needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
(h)	State level of provision	<input type="text"/>								
(i)	Who did the young person first make the concerns known to? (State relationship)	<input type="text"/>								
(j)	Has the young person raised previous concerns about staff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
(k)	Does the concern involve more than 1 young person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>							

6. INFORMATION ABOUT THE MEMBER OF STAFF INVOLVED IN THE CONCERN

(a) Initials (b) Gender M F (c) Date of Birth
Day Month eg 02/07

(d) Ethnicity

White-British	<input type="checkbox"/>	Mixed-White and Black Caribbean	<input type="checkbox"/>	Asian or Asian British-Indian	<input type="checkbox"/>	Black or Black British-Caribbean	<input type="checkbox"/>
White-Irish	<input type="checkbox"/>	Mixed-White and Black African	<input type="checkbox"/>	Asian or Asian British-Pakistani	<input type="checkbox"/>	Black or Black British-African	<input type="checkbox"/>
White-Traveller of Irish Heritage	<input type="checkbox"/>	Mixed-White and Asian	<input type="checkbox"/>	Asian or Asian British-Bangladeshi	<input type="checkbox"/>	Black or Black British-Any other Black Background	<input type="checkbox"/>
White-Gypsy/Roma	<input type="checkbox"/>	Mixed-Any other Mixed Background	<input type="checkbox"/>	Asian or Asian British-Any other Asian Background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White-Any other Background	<input type="checkbox"/>					Any other Ethnic Group	<input type="checkbox"/>
				Parent/Pupil preferred not to say	<input type="checkbox"/>	Information not obtained	<input type="checkbox"/>

(e) Job Title

(f) Length of service in current post

On what basis is the member of staff employed:

(g) Permanent Temporary Fixed Term Supply Agency worker Other

(h) Have any allegations or concerns been made against this member of staff previously? Yes No

7. PROCEDURE FOLLOWED		<i>Please tick</i>	<i>Date</i>										
(a)	Notification to LEA designated CP officer	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
(b)	Notification to LEA Personnel/HR advisors	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
(c)	Consultation with Social Care/Services	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
	the Police	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
	other - specify	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>													
(d)	Was there a strategy discussion? YES <input type="checkbox"/> NO <input type="checkbox"/>		<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
	Who attended the strategy discussion?												
	• A representative of the school	<input type="checkbox"/>											
	• The LEA designated Child Protection Officer	<input type="checkbox"/>											
	• An LEA Personnel Adviser	<input type="checkbox"/>											
	• Police	<input type="checkbox"/>											
	• Social Care/Services	<input type="checkbox"/>											
	• Others - specify		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>										
(e)	Decision of strategy discussion												
	• initiation of s47 child protection investigation	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
	• criminal investigation by Police	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
	• referred back to LEA	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
	• no further action taken	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
(f)	Reason for no further action												
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>													
(g)	Member of staff told of the concern	<input type="checkbox"/>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
(h)	Was support instigated for the member of staff? YES <input type="checkbox"/> NO <input type="checkbox"/>		<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
(i)	Was support instigated for the young person? YES <input type="checkbox"/> NO <input type="checkbox"/>		<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

8.	PROCEDURE OUTCOME	<i>Please tick</i>	<i>Date</i>
(a)	Section 47 outcome		
	• determined significant harm	<input type="checkbox"/>	<input type="text"/>
	• child in need	<input type="checkbox"/>	<input type="text"/>
	• significant harm not determined referred back to LEA	<input type="checkbox"/>	<input type="text"/>
(b)	Criminal investigation - Crime Reference Number		<input type="text"/>
	• no further action - referred back to LEA	<input type="checkbox"/>	<input type="text"/>
	• formal caution	<input type="checkbox"/>	<input type="text"/>
	• charged	<input type="checkbox"/>	<input type="text"/>
	• referred to CPS for advice	<input type="checkbox"/>	<input type="text"/>
(c)	CPS		
	• decision to proceed	<input type="checkbox"/>	<input type="text"/>
	• decision not to proceed	<input type="checkbox"/>	<input type="text"/>
(d)	Court		
	• acquitted	<input type="checkbox"/>	<input type="text"/>
	• conviction	<input type="checkbox"/>	<input type="text"/>
	• details of conviction		<input type="text"/>
(e)	Education involvement		
	• suspension	<input type="checkbox"/>	<input type="text"/>
	• formal disciplinary investigation	<input type="checkbox"/>	<input type="text"/>
	• counselling member of staff about their actions	<input type="checkbox"/>	<input type="text"/>
	• training, support and monitoring	<input type="checkbox"/>	<input type="text"/>
	• initial or renewed referral as child protection matter	<input type="checkbox"/>	<input type="text"/>
(f)	Civil Proceedings/Other	<input type="checkbox"/>	<input type="text"/>

9. INFORMATION TO INDIVIDUAL STAFF MEMBER

Member of staff given details of the concern?

Please tick

Date

YES NO

--	--	--	--	--	--	--	--

10. SUSPENSION

(a) The reason for suspension?

Please tick

- a child or children would be at risk
- the allegations were so serious that dismissal for gross misconduct is possible
- to allow any investigation to continue unimpeded

(b) Were alternatives to suspension considered

YES NO

(c) What alternatives were offered?

(d) Were the alternatives taken up?

YES NO

11. DISCIPLINARY

(a) Formal disciplinary action lead to:

Please tick

Date

- formal oral warning

--	--	--	--	--
- first written warning

--	--	--	--	--
- final written warning

--	--	--	--	--
- demotion

--	--	--	--	--
- dismissal

--	--	--	--	--
- no further action

--	--	--	--	--
- other - specify

--	--	--	--	--

(b) Did the staff member appeal?

YES

--	--	--	--	--

(c) Was the decision upheld?

YES NO

12. SUPPORT

(a) Post held by designated link person for the suspended member of staff

(b) Post held by the person offering counselling to the member of staff

(c) Was counselling and support taken up by the member of staff?
 YES NO

13. OUTCOME OF ACTION TAKEN

Please tick

Date

•	return to work	<input type="checkbox"/>										
•	resign	<input type="checkbox"/>										
•	accept redeployment	<input type="checkbox"/>										
•	retire	<input type="checkbox"/>										
•	retire on ill health grounds	<input type="checkbox"/>										

14. REPRESENTATION

Was a Trade Union/Professional Association involved? YES NO

Which Trade Union/Professional Association was involved?

15. CONCLUSION

(a) Was the case referred to the DfES for consideration under list 99? Yes NO

(b) Did the employee commence proceedings at Employment Tribunal? Yes NO

(c) What was the outcome? Please specify.

(d) Final date of conclusion of the case.

DETAILS OF THE PERSON COMPLETING THIS FORM

Name:

Designation:

Date:

Day	Month	Year				

Contact details:

[Return to Index](#)