## **\*\*12.10 RECORD OF MEETING FORM**

Date of Meeting:	
Names of those present:	
Details	of concern (be clear about what is fact):
What has the child/young person said (if anything):	
Decisio	on reached – choose at least one of the following options: Please tick those selected.
	1. Take no further action. Why?
2	2. Talk to the parents/carers. Why?
\	Who will do this?
3	3. Arrange a discussion with an outside body. Why?
\	With whom?
\	Who will do this?
	4. Make a formal report to social services or Police/An Garda Síochána. Why?
\	Who will do this?
Ę	5. Has the Taking Care Office been contacted for advice or to report?
Signatu	ures of those present: Print Name: