

MADANI SCHOOLS FEDERATION | Timeline Form

Name:		Surname:	
Madani Girls School		Madani Boys School	
Form:		Focus:	

Date/ Time	Type <small>(E.G Call, meeting)</small>	Description	Actions

Staff Name/ Signature:	Date:
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OFFICE USE ONLY | Actions & Referral/s: Please tick appropriate boxes

<input type="checkbox"/>	Police/ PO/ PSCO	CCTV Footage	Y N	No further action	Y N
<input type="checkbox"/>	School Designated Safeguarding Leader	Mentor Referral	Y N	Detention	Y N
<input type="checkbox"/>	LADO/ SS (Attach form to LSCB form)	Parents informed	Y N	On Call	Y N
<input type="checkbox"/>	Nurse/ GP	Notes attached	Y N	Internal Exclusion	Y N
<input type="checkbox"/>	SLT HOK Tutor	EWO Referral	Y N	Exclusion	Y N
<input type="checkbox"/>	Other RC EX LGB GD _____	PSP Referral	Y N	Other	Y N