Form 4b Self-Harm Incident or Disclosure: Brief Assessment Meeting Form (with prompts)

Day and date:		Time:	
Student's Name:			
Age:	Gender:	Year Group/Class:	SEND:
Name form:	e of member of staff completing	Position:	Sample questions:
Brief (description of incident		including day, date and time and place of occurrences (bullet point): If there is a visible sign of injury, indicate the location
Inform	mation Gathering Conversation.		How are you feeling generally at the moment (mood, health, social life)? Is something troubling you (home, family, school, friends)? I am aware that you have talked about xxx, tell me a bit more How is this making you feel? Have you wanted to hurt yourself previously? How? When? Where? How long (duration)? How often (frequency)? See ⑤ a-c for additional questions and to determine level of risk from responses

	Ask: Are other people also worried about you? Who, why?
	Accessing on-line or helpline support? Agree which adults will be involved
	Ask: What do you think needs to happen to improve the situation and make you feel better? What shall we do now?
Recommendations:	Explain what will happen next. (e.g. start or review a safety plan 6a, 12g) Provide information; support & resources 10, 12
Follow up required?:	e.g. When shall we meet up again?
Any additional information:	
Date:	
Student signature (if appropriate):	

Signature of member of staff completing form:

Post meeting checklist

Task	Actioned by	✓
Notify parents/carers if agreed		
Log incident on Incident spreadsheet /CPOMS/MyConcern/SIMS (delete if N/A)		
Update 'Names to Know'		
Referral/discussion with external professionals? Who?		
Completed form copied to e.g. Student Welfare Manager		
Original form filed in student file		
Email form to (amend)(e.g. subject teachers, Form Tutor, Head of House/ Year, Matron/School Nurse, Student		

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