# Parent Meeting Record – Use of Restrictive Intervention

Pupil Name: _____ Date of Meeting:_____

Staff present: _____

Parent/Carer(s) present: _____

**Summary of Incident**

Date: _____ Time: _____ Location: _____

Duration of incident and intervention: _____

Brief description of what happened:

_____

_____

**Reason for Intervention**

Why the intervention was necessary:

_____

_____

**Type of Intervention Used**

Type of force/intervention applied:

_____

Level of force (kept to minimum necessary):

_____

**Injuries or Medical Needs**

Any injuries sustained? Yes / No

Details (if applicable):

_____

**Review and Reflection Discussion**

Possible Triggers or Warning Signs:

_____

Behaviour Support Plan (if in place) – Was it followed? Yes / No

Staff comments:

_____

De-escalation Strategies Used:

_____

Effectiveness:

_____

**Next Steps / Agreed Actions**

What can be done differently in the future?

_____

Any changes to support strategies or plan:

_____

**Ongoing Support**

Support for pupil:

_____

Communication with home:

_____

Review meeting required: Yes/No If yes, agreed date is: _____

Parent/Carer Signature: _____

Staff Signature: _____