**MHST Discussion form**

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| **School** | St Thomas CE vc Primary School | | **Date of Mtg** |  |
| **Workers Present for Discussion** | | David Rushby – Headteacher. Gez Power – SEMH School coordinator. Alison Griffiths-Newell SEMH Lead Practitioner | | |

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| **Name of Child** |  | **Gender** |  |
| **DOB** |  | **Ethnicity** |  |
| **Address** |  | | |
| **Contact No.** |  | **Alt. No.** |  |
| Consent: please check statement that applies  The child is at an age of Gillick competence, has seen the consent letter and has agreed to this discussion taking place  The child is under the age of Gillick competence | | | |

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| **Name of Parent/Carer 1** |  | **Relationship** |  | **PR?** |  |
| **Contact No.** |  | **Alt. No.** |  | | |
| **Address if Different** |  | | | | |
| **Name of Parent/Carer 2** |  | **Relationship** |  | **PR?** |  |
| **Contact No.** |  | **Alt. No.** |  | | |
| **Address if Different** |  | | | | |
| Consent: please check statement that applies  The parent/carer has seen the consent letter and has agreed to this discussion taking place  The child is at an age of Gillick competence and has not provided consent to share with parent/carer | | | | | |

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| Tick any of the following that apply:  My Support Plan  EHCP  Child in Need  Child Protection Plan  Section 20 Voluntary Accommodated  Interim Care Order  Full care order  Care Order but living with parents  Special Guardianship Order | | | |
| **Any other Professionals Involved:** | | | |
| **Name** | **Role** | **Contact No.** | |
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| **What is the problem? (presenting)** | | |
| **What is keeping the problem going? (perpetuating)** | | |
| **Are there any significant events that have happened in the young person’s life? (predisposing)** | | |
| **What are the triggers to the young person’s problem? (precipitating)** | | |
| **What helps the young person’s problem? (protective)** | | |
| **What might happen if the young person does not receive support? (predicting)** | | |
| **What has already been put in place to support the young person and has it been effective?** | | |

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| **Outcomes of Discussion** (to be completed in meeting)  Advice/Strategies Provided (to be identified in actions)  Initial Visit to be completed  To be reviewed in MHST Meeting  Actions agreed:    🡺  🡺  🡺  🡺 |

