**Initial Record of Concern**



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| **Setting:**  | **Date:**  |
| Name of child  |
| Date of birth  | Age  |
| Number of sessions attending this setting |
| Does the child attend another setting – Yes or No | If yes, name of setting and number of days/hours  |

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| --- |
| Strengths and interests |
| Reasons for concern (give details): *Communication & Interaction, Cognition & Learning, Social, Emotional and Mental Health, Sensory and/or Physical Needs.* |
| Background information and discussion with parents/carers |
| Parents/carers signature:  | Date:  |
| SENCo signature:  | Date:  |
| Intended Review Date: |