**Initial Record of Concern**

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| **Setting:** Click or tap here to enter text. | **Date:**Click or tap here to enter text. |
| Name of child Click or tap here to enter text. |
| Date of birth Click or tap here to enter text. | Age Click or tap here to enter text. |
| Number of sessions attending this setting Click or tap here to enter text. |
| Does the child attend another setting – Yes [ ]  or No [ ]  | If yes, name of setting and number of days/hoursClick or tap here to enter text. |

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