A close-up of a logo

AI-generated content may be incorrect.A pink and purple logo

AI-generated content may be incorrect.**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/hours Click or tap here to enter text. | |

|  |  |
| --- | --- |
| Strengths and interests  Click 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/carers Click 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. | |