**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: | |