

Record of Initial Concerns

Complete this when a member of staff, parent/carer, professional, child or young person first raises a concern

Name of child/young person:
Year group/class:

Date of Birth:

Concerns raised (including context and examples):

e.g

- *X is having difficulties maintaining concentration in class, cannot sit still, often off task, chatting, asking questions*
- *X is struggling with reading text that is aimed at her age group - become emotional if required to read aloud, making frequent mistakes in answers - copes much better if differentiated to a much lower level.*
- *X makes numerous spelling errors, mixes up letters, has no knowledge/skills in spelling patterns or phonic awareness to support spelling*

Parents comments following discussion (meeting or telephone conversation):

e.g

- *Mr Y has had concerns following parents meetings at previous school, had hoped X would settle but is now keen to monitor and hopes school can support*
- *Mrs Y has always had issues when trying to get X to read at home, she recognises that her daughter has issues and would like some support and advice*
- *Ms Y knows her son is unable to spell but just thought he was lazy. She is happy for school to assess him further and contact her if necessary.*

Actions agreed:

e.g

- *Monitor child in different areas of school and at different times of the day, look for patterns, discuss further with other staff, try QFT interventions*
- *Complete reading assessments - RA, Comprehension, Decoding, Inference - analyse results and implement short term Reading intervention if necessary*
- *Compare written work across different subjects, analyse spelling errors, specific assessments - implement short term spelling intervention if necessary*

Completed by:

Date completed:

Review date: