

**(APPENDIX 1)**

**Parents/Carers Concerns Form**

Dear Parent/Carer,

We understand sometimes as a parent/carer you may have concerns about your child, and be unsure how they are getting on at school. Or, you may have worries about your child's behaviour at home or their general development.

Your child may be struggling with coming in to school, classwork, homework or maybe having difficulties at home and you need someone to talk to about it.

This form has been put together to help you talk to the school about

- How your child is getting on/progressing at school? And or
- Any concerns/worries about your child at home/school that you would like to talk about with the class teacher?

This form is **completely optional**. You may want to fill it in, write on it or just have it to help you think about questions you may have, or any information you may want to give the school.

**You can write in the boxes below or put a tick next to the points that apply to your child:**

Your child's behaviour at home/school:

	<ul style="list-style-type: none"> <li>• Does your child take part in things? Or are they clingy?</li> <li>• Are anxiety levels unusually high?</li> <li>• How well is your child able to sit still, focus and undertake an activity?</li> <li>• How well is your child at sharing/not going first?</li> <li>• What is your child's behaviour like at home?/at school? (Is there a difference?)</li> </ul>
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Eating and sleeping:

	<ul style="list-style-type: none"> <li>• Concerns with feeding/eating (fussy/not eating?)</li> <li>• Sleeping a lot?</li> <li>• Not sleeping much?</li> </ul>
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Sensory (reaction to touch, pain, light, sound, foods):

	<ul style="list-style-type: none"> <li>• Hearing/listening</li> <li>• Over/under-reaction to touch/sound/light – other senses</li> <li>• What is their co-ordination/spatial awareness like? (running/awareness of objects)</li> </ul>
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Academic progress (over or under-achieving/learning: academic/non-academic):

	<ul style="list-style-type: none"><li>• Delayed speech/unusual speech</li><li>• How well does your child retain information?</li><li>• Does your child looking at books/reading/undertaking learning activities</li><li>• How is your child getting on with reading, writing, spelling?</li></ul>
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Social interaction/communication (with family, friends, teachers):

	<ul style="list-style-type: none"><li>• Perception issues (cognition/learning)</li><li>• Social interaction issues</li><li>• Emotional expression/concerns with over or under expression</li><li>• Issues responding to others/social cues</li><li>• How does your child fit in with family/peers/staff they're in contact with?</li><li>• How does your child react to new encounters/people? Do they enjoy meeting new people?</li><li>• How well can your child communicate their needs to others?</li><li>• How does your child express to you how they are getting on at school?</li></ul>
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Organisation:

	<ul style="list-style-type: none"><li>• What is your child's memory like?</li><li>• How does your child process information?</li><li>• How does your child organise their things?</li><li>• How well do they get themselves dressed/ready to go out/bedtime?</li></ul>
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Medical:

	<ul style="list-style-type: none"><li>• What is their general health like?</li></ul>
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For further information/discussion you can always contact the following websites:

IPSEA: <http://www.ipsea.org.uk/>

Parent Partnership: [www.wandsworth.gov.uk/pps](http://www.wandsworth.gov.uk/pps)

Contact A Family: <http://www.cafamily.org.uk/>

Individual link to schools website with links to SEN report/criteria here



Wandsworth  
Parent  
Partnership  
Service



**Initial Concerns Record**

Completed by class teacher on \_\_\_\_\_

**Pupil information** - This form will be shared with all professionals & parents/carers involved with child

Name:		DoB:	Year group:	Class teacher:			
Attendance % (less than 95%):		<b>(Please circle as appropriate)</b>			Exclusions:		
Punctuality:		CLA	Pupil Premium				
EAL Stage	Home language	Medical information			Specialist services - Health - Education - Social Services		
Concerns:							

**Achievement data**

FS Profile scores																		
Year																		
Attainment	R	W	M	R	W	M	R	W	M	R	W	M	R	W	M	R	W	M
NC/P levels																		

**Baseline information** – provide detail where there is an area of relative strength or difficulty

**Language (please circle as appropriate)**

Speech sounds	Expressive	Receptive	Social and functional

**Literacy** – Are needs related to: **(please circle as appropriate)**

- Phonic phase – reading
- Phonic phase – spelling
- HFW – reading
- HFW – spelling
- Comprehension
- Book band level
- Letter formation
- Other

Is example of free writing attached? (please circle) **Yes / No**

**Numeracy (please circle as appropriate)**

- Shape / Space / Measure
- Using & applying
- Calculation
- Data Handling
- Number
- Other

**Behaviour for learning (please circle as appropriate)**

Concentration

Co-operation

Independence

Engagement

Confidence

Self-esteem

Organisation

Self-control

Other

Age appropriate behaviours

Recorded examples of behaviour concerns attached? (please circle) **Yes / No**

**Differentiation in place over time**

What action has already been taken through curriculum differentiation to address the child’s needs, i.e. modification to teaching approaches, classroom organisation, behaviour management strategies, or through provision of ancillary equipment and aids already in place, with outcomes?

<b>Differentiation</b>	<b>Impact</b> – progress and inclusion
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**Additional observations - (Please circle as appropriate) This could include:**

Parents (child’s behaviour at home)

Support staff

Previous class teacher(s)

Lunchtime supervisors

Note any key issues raised:

**List individual assessments completed to support identification of need, including behaviour plans**

Include standardised assessments (reading/spelling age as well as criterion-referenced assessments)

Test	Date	Outcome

Have you spoken to the parents? (please circle) **Yes / No**

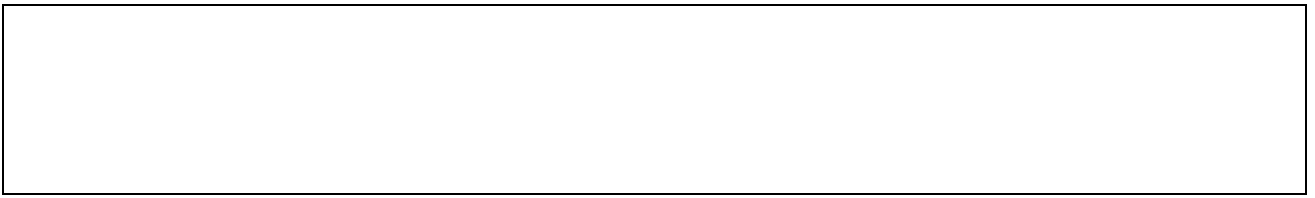
**Parents’ and pupils’ perspective on child’s strengths/additional needs**

Summarise information from discussions

<b>Parents/carers</b> Have concerns been shared with parents/carers to date?
<b>Pupil</b>
<b>Peers</b>

**Home setting:**

**Desired outcomes:**



### APPENDIX 3

**Note of initial concerns meeting – pre SEN support** - This form will be shared with all professionals & parents/carers involved with child

Date of meeting:	Present:
What are the parents' views?	
What does the pupil think?	
What are pupil's strengths/preferred learning styles?	
What are the desired outcomes for the pupil's progress for this period? 1.  2.	
<b>Provision: targeted QFT/interventions</b> 1.  2.	
<b>Review Date:</b>  Present: Parent: yes / no. If no, how will review be communicated with parent/carer?	
Progress towards outcomes 1  2	
<b>Review decision:</b> <b>Return to school monitoring / further classteacher led intervention / move to SEN support</b> , in which case list follow-up actions required: eg referral to other professionals, further assessment, TAC	

