

# Initial Concern Evaluation



|                                                                                                                                                                                                               |                                               |                         |                                                                                                           |      |  |                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------|------|--|-------------------------|--|
| Date of initial concern raised:                                                                                                                                                                               |                                               | To whom:                |                                                                                                           |      |  |                         |  |
| Name of child :                                                                                                                                                                                               |                                               | DOB:                    | Year Group:                                                                                               |      |  |                         |  |
| Has the child attended another setting? YES NO                                                                                                                                                                | If yes, name of setting and any other details |                         |                                                                                                           |      |  |                         |  |
| Any Previous SEN: YES NO<br><i>Give details/areas of need</i>                                                                                                                                                 | Form completed by:                            |                         |                                                                                                           |      |  |                         |  |
| <b>Main Area of Concern (To be completed before the meeting)</b>                                                                                                                                              |                                               |                         |                                                                                                           |      |  |                         |  |
| Communication and Interaction                                                                                                                                                                                 |                                               | Cognition and Learning  | <table border="1"> <tr> <td>SEMH</td> <td></td> <td>Sensory/and or physical</td> <td></td> </tr> </table> | SEMH |  | Sensory/and or physical |  |
| SEMH                                                                                                                                                                                                          |                                               | Sensory/and or physical |                                                                                                           |      |  |                         |  |
| Strengths and interests                                                                                                                                                                                       |                                               |                         |                                                                                                           |      |  |                         |  |
| Reasons for concern (give details)                                                                                                                                                                            |                                               |                         |                                                                                                           |      |  |                         |  |
| Briefly describe how the student presents and the difficulties they are having accessing the curriculum                                                                                                       |                                               |                         |                                                                                                           |      |  |                         |  |
| What has been done to date? What has the impact been?<br><i>What measures have you put in place to support the child? (differentiation, adaptations of the planning and curriculum, personalised targets)</i> |                                               |                         |                                                                                                           |      |  |                         |  |
| Background information and discussion with parents/carers/outside agencies                                                                                                                                    |                                               |                         |                                                                                                           |      |  |                         |  |

| Action to be taken (To be completed in the meeting) | Who by |
|-----------------------------------------------------|--------|
|                                                     |        |
|                                                     |        |
|                                                     |        |
| Intended Review Date:                               |        |