SEND Cause for Concern Form

John Blow Primary School

Name of child		**Year group**	
Class teacher		**Date**	

1. What is the concern?

Please describe the concern clearly and include examples, frequency and how long it has been evident.

2. What is the barrier to learning?

What is preventing the child from accessing, engaging with or making progress in learning?

3. Interventions / adaptations already being used

Include quality-first teaching adaptations, interventions, resources, adult support and how long these have been in place.

Date of discussion with SENDCO		**SENDCO**	

4. Decision made following discussion

☐ Period of monitoring	☐ Added to SEND register	☐ No further action required

5. Actions to be taken following the meeting

☐ Parents / carers informed	Date:
☐ Intervention(s) to be implemented / continued	Review date:
☐ Classroom adaptation(s) to be implemented / continued	Responsible adult:
Details / agreed actions:	