

# Cause for concern form

Pupil's name:

Date of birth:

Class/year group:

Ethnicity:

**Any disability or special needs:**

**What are your concerns about the pupil?**

*Please provide a description of any incidents or observations including dates and times.*

**1. What have you observed and when?**

*Include anything you have personally witnessed. Be clear about what is fact and what is your opinion.*

**2. What have you been told and when?**

*Include anything the child or another person has told you. Use exact words if possible.*

*Be clear about who has said what.*

**3. What have you heard and when?**

*Include any information you have heard from a third party relating to the concern.*

**4. What action have you taken in response to this concern?**

*Have you contacted anyone else in relation to the concern?*

*If the parent(s)/carer(s) have not been contacted, please explain why.*

**If the child has a physical injury, have you sought medical advice? Has the child received any medical attention in relation to the injury?**

**Date and time of this record:**

**Your name (please print):**

**Your position or job title:**

**Your signature:**

Now give this record to the DSL or equivalent.

**Date and time received by the DSL:**