



## Castle Hill Infant School

Special Educational Needs and Disability

### SEND 1. CAUSE FOR CONCERN

Pupil's Name	Date of Birth
Class	Year Group
Name of teacher completing form	Date form completed
<b>Cause for Concern</b> Circle as appropriate - AREAS OF NEED relating to: Communication and Interaction/Cognition and Learning/Social, Emotional and Mental Health Difficulties/Sensory and/or Physical Summarise the reasons for concern. Please refer to the triggers for inadequate progress	
<b>Existing Information</b> Summarise all available information about the child.	
<b>Parent/Carer Information</b> Have concerns been discussed with parents/carers? Yes/No Summarise any additional information from discussions	
<b>What action has already been taken through curriculum differentiation to address the child's needs?</b> Summarise strategies for differentiation through curriculum planning and outcomes. If the area of concern relates to behaviour, emotional and social development summarise behaviour management strategies already used.	
<b>Outcome - to be completed by SENCO in liaison with Parent/s and class teacher:</b> Continue Monitor as Additional Needs : Yes/No Refer for Outside Agency involvement: Yes/No Referral/s to be made to:	
<b>Children with Outside Agency involvement will be placed on the school SEND list</b>	
Signature of Parent	Date
Signature of class teacher	Date
Signature of SENCO	Date