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| --- | --- |
| **Initial Identification of concern****(To be completed by Class teacher/s)** | **Insert** **School/****authority logo**  |
| **Name of School** |  |
| **Pupil Name** |  | **D.o.B** |  | **Class** |  |
| **When was the concern identified:** |  |
| **By whom:** |  |
| **Areas of concern:** |  |

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| --- | --- | --- | --- |
| **Approaches/ strategies used and monitored.** | **Time Scale** | **Tick if successful ✓** | **How successful were these?** |
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| **Pupil Involvement –** if appropriate  |
| **Parental involvement -**  if known  |
| **Other Personnel involvement -** if known  |
| Further consultation with member of school staff with responsibility for Additional Support Needs (ASN) or with a Pupil/Support for Learning Support Teacher. This may lead to the continuation of the holistic collaborative assessment process and completion of **Gathering Information Form 2.** |
| **Next steps if approaches/ strategies listed above were not successful or have limited progress**  |
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| **Referral for next steps -**  **Assessment and Gathering Information Form 2.**  |
| **Date:**  |  |
| **Class Teacher’s name**  |  |
| **Pupil Support/Support for Learning Support Staff name**  |  |