**Cause for Concern – Faculty**

|  |  |  |  |
| --- | --- | --- | --- |
| Pupil name: |  | Tutor Group: |  |
| Referred by: |  | Role: |  | Date: |  |

|  |
| --- |
| For SEND team use onlyDate parents informed of this referral: |

**Please supply any supporting documentation as evidence of prior differentiation in class as this can be used to best inform future support strategies.**

|  |
| --- |
| Area(s) of learning causing difficulty – please tick and comment |
| Reading |  |  |
| Writing |  |  |
| Spelling |  |  |
| Comprehension |  |  |
| Numeracy |  |  |
| Concentration |  |  |
| Organisational and practical skills |  |  |
| Language and communication |  |  |
| Social/interaction skills |  |  |
| Behaviour |  |  |
| Other (please specify) |  |  |

Form continued on next page:

Please indicate any home contact that has been made as a result of the perceived SEND need and the outcomes of this:

|  |  |  |
| --- | --- | --- |
| Home contact made: | Yes | No |
| Details of conversations with parents/guardians and outcomes: |

**Thank you for completing this form.**

**You will be contacted by a member of the SEND team to create a plan to support the pupil in your lesson (over four lessons). This plan will be reviewed and further steps taken as necessary, dependent on the outcome.**

|  |  |  |  |
| --- | --- | --- | --- |
| Lesson | Action | Impact | Next steps |
| Lesson 1 |  |  |  |
| Lesson 2 |  |  |  |
| Lesson 3 |  |  |  |
| Lesson 4 |  |  |  |

Agreed and signed by: (Teacher)

Agreed and signed by: (SEND Staff)

|  |
| --- |
| **Further recommendations (please tick):** |
| **No further action** |  | **Refer to Faculty Lead** |  |
| **Refer to House Team** |  | **Refer to SEND Intervention** |  |
| **Refer to EP** |  | **Add to SEND register** |  |
| **Refer to The Link** |  | **Refer to SLT** |  |