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Strictly Confidential  
Cause for Concern Form

Note: Please do not interpret what is seen or heard; simply record the facts.  
After completing the form, pass it immediately to the Designated Teacher.

Name of child..... Class / Tutor group.....

Name of staff member completing form.....

Day..... Date..... Time..... Place.....  
(of observed behaviour / discussion / disclosure)

**Nature of incident / concern including relevant background** (Record child's word verbatim and any wishes and feelings expressed)

For: Designated Safeguarding Lead Officer Use

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time \_\_\_\_\_

Action Taken	By whom	Outcome
<p>Discuss with child</p> <p>Ensure the child's wishes and feelings are ascertained where appropriate and fully recorded.</p>		
<p>Monitoring sheet</p>		
<p>Check behaviour database</p>		
<p>Contact parents Please tick</p> <p>Telephone Call ____ Meeting: ____</p>		
<p>Check SEN Register</p>		
<p>Refer to Social Care</p>		
<p>Other (Please specify)</p>		