

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 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 nominated child protection lead or their deputy if they are unavailable.

Date and time received by the nominated child protection lead: