



Initial Concern Form for SEND (Parent)

This form is designed to help parents share initial concerns about their child's development, learning, or behaviour. It supports early identification of special educational needs and helps guide appropriate support.

Child Information

Full name: _____

Date of birth: _____

Year group/class: _____

Teacher's name: _____

Area(s) of Concern

Please tick/highlight any areas you are concerned about:

- Communication and Interaction
- Cognition and Learning
- Social, Emotional and Mental Health
- Sensory and/or Physical Needs
- Speech and Language
- Attention and Concentration
- Gross and Fine Motor Skills (Co-ordination)
- Emotional Regulation

Parent Observations

Please describe any specific behaviours or challenges you've observed:

What specific concerns do you have?

When did you first notice these concerns?

Are there particular situations (home, school, social settings) where the concerns are more noticeable?

Impact on Learning or Development

How do you feel these concerns affect your child's ability to learn, communicate, or interact?

Have you noticed any changes in academic performance, behaviour, or mood?

Strengths and Interests

What does your child enjoy or excel at?

Are there activities or environments where they thrive?

Previous Support or Interventions

Has your child received any support (e.g. speech therapy, counselling)?

Are there any diagnoses or assessments already completed or in progress?

Collaboration and Next Steps

What support do you feel your child needs?

Are you open to further assessment or referral to SENCo?

Yes

No

Would you like to meet with school staff to discuss concerns?

Yes

No

Date and Signature

Date of submission: _____

Parent/guardian signature: _____