

CAUSE FOR CONCERN FORM

School / Provider Name
School / Provider Address
(possibly school headed notepaper?)

STUDENT DETAILS

NAME:			
DOB:		YEAR/FORM:	SEN STATUS:
ADDRESS:			

STAFF DETAILS

STAFF NAME:			
Date of incident / report / disclosure:		Time:	
Location of incident / report / disclosure:			
Date / time record is being made:			

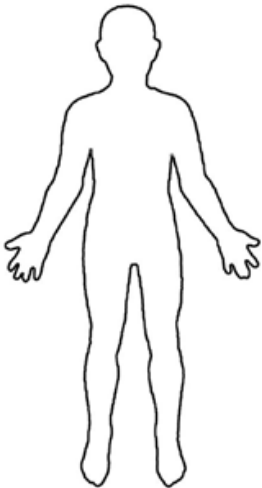
For any sections below continue recording overleaf if necessary, ensuring it is signed & dated

CONCERN DETAILS

NATURE OF CONCERN:

Provide details of the incident or concerns you have including times, dates, description of any injuries (use body diagram to indicate area of injury), witness details, what you have observed, heard or been told, if the information is first hand, fact or opinion, any other relevant details / information, etc. Ensure you clearly record the voice of the child's (suggestion - use capital letters to ensure it can be easily recognised). Ensure you act in a timely manner when reporting concerns, especially if there is an injury noted.

Please clearly sign and date the record at the end of your statement.



- Front
 Back

TO BE COMPLETED BY SENIOR DESIGNATED PERSON / DEPUTY DESIGNATED PERSON

AGREED ACTIONS & ANTICIPATED OUTCOMES:

Record all discussions, communications, referrals & decisions made. Include details of conversations with parents / other agencies & rationale behind key decision making. Clearly sign & date at the end of the record.