Pastoral Cause for Concern Form 2021\_2022

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| Child Name: Age: Date of Birth: |
| Class: Teacher:Parents: Form Completed on/by: |
| Any existing SEND: Yes/No *(Give Details of Area of Need)* |
| PP: □ Safeguarding: □ |
| **Main Areas of Concern:**   * Self Esteem □ ● Anxiety □ ● Emotions □ ● Family Situation □ ● Resilience □ * Anger Management □ ● Behaviour □ ● Bereavement □ ● Friendships/Social □ |
| **Briefly describe the difficulties that the pupil is experiencing:** |
| **Briefly explain what measures have been put in place at Class level to support the pupil (conversations, resources, PSHCE):**  Calm Down techniques □ Network hand □ Anger triggers □ Feelings thermometer/5 point scale □  Social Story □ Mindfulness □ Breathing techniques □ Book of Brilliance □  Other (please detail below) □ |
| **Parent Observations/Notes:** |
| **Teacher/LSA Observations/Notes:**  **Agreed actions to be taken by the Pastoral Support Team/Details of support provided:**  **Dates:**   |  |  |  | | --- | --- | --- | | **Concern First Raised** | **Handover to Pastoral Team (after 1 month)** | **Discharge/ Professional Referral** | |  |  |  |   **Referred to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(School Nurse/GP, Early Help, Chums, EP, CDC/SEND/ Other (please specify)** |