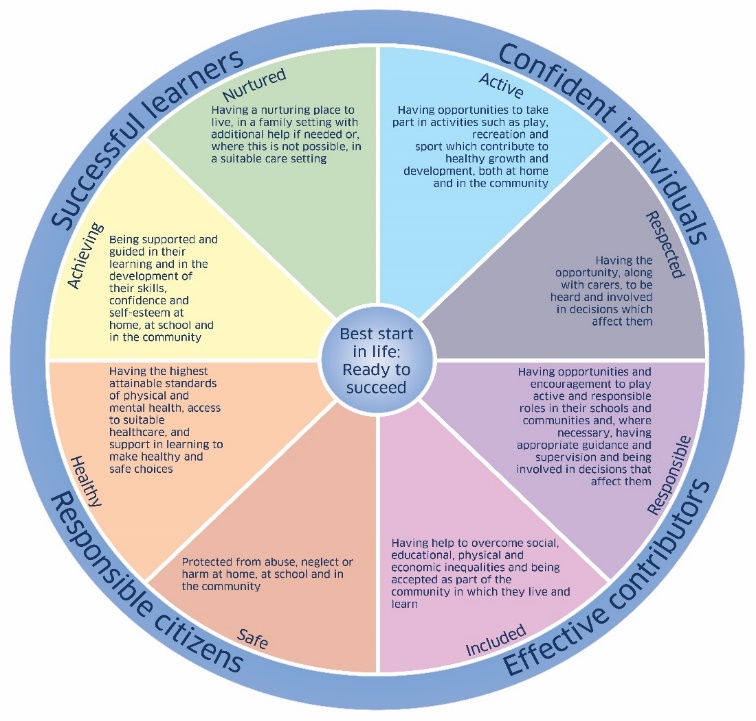
**Wellbeing Cause for Concern Form – Part 2**

**To be completed by the Class Teacher**

**Please note: This document must be completed by the Class Teacher. Parts 1 and 2 must be distributed to relevant staff prior to the GIRFEC meeting / Pupil Support Planning Meeting.**

|  |  |  |
| --- | --- | --- |
| **Name of Child:** | **Completed by:** | **Year Group:** |
| **New  Ongoing** |



* + 1. Have there been previous wellbeing concerns? Yes  No

|  |
| --- |
| If yes, please summarise with dates. |

* + 1. Has this concern been shared with the child/young person? Yes  No

|  |
| --- |
| If yes what is the child/young person saying about the concern |

* + 1. Has this concern been shared with the child/young person’s parents/carers?

Yes  No

|  |
| --- |
| If yes, please summarise with dates. |

* + 1. Has the concern been shared with anyone else? Yes  No

|  |
| --- |
| If yes, please summarise with dates. |

* + 1. What action is being taken in relation to this concern?

Continue to monitor

Bring the Child’s/Young Person’s Needs to a Pupil Support / GIRFEC

Planning Meeting

Initiate Child Protection procedures

|  |
| --- |
| Other – please give any details |

* + 1. Feedback to the referrer.
       1. Name:
       2. Role/designation:
       3. Date:

Name of Class Teacher …………………………………………

Date………………………….

**Keep Parts 1 and 2 in the Child’s Educational Records and copy to Pupil Support, unless pertaining to Child Protection when they should be given to the Child Protection Team in a sealed envelope.**