**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.**

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



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

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

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

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| --- |
| 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 [ ]

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

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

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| 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.**