

Wellbeing Cause for Concern Form – Part 1



EDINBURGH
STEINER
SCHOOL

To be completed by the person who has the concern.

- **Please ensure this completed document is passed onto the Class Teacher.**
- The purpose of this form is to pass on wellbeing information about a child/young person through the routine support systems in our school.

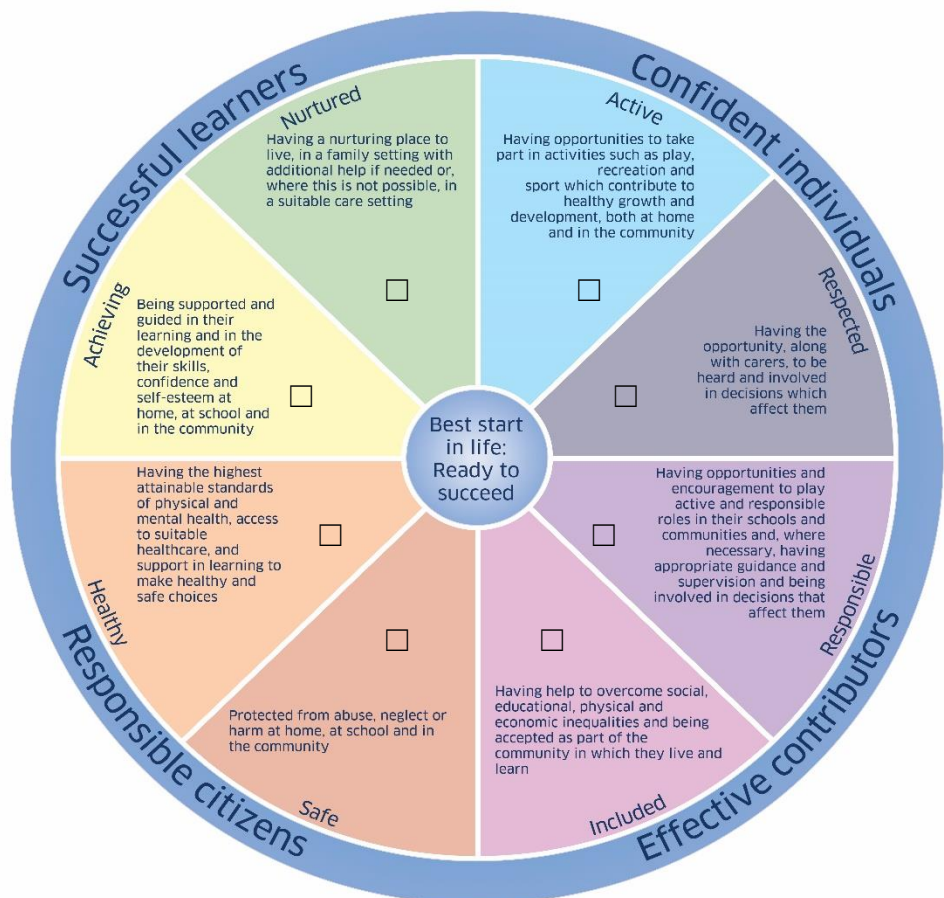
1. Child/ Young Person’s Details

Name:	DOB:	Class:
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2. Person recording the concern

Name:	Role/designation:
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Areas of Concern. Please tick any relevant areas of the Wellbeing Wheel



Nature of Concern:

Use the headings you have ticked on the Wellbeing Wheel to record the details below:

Previous Action Taken:

Safeguarding/Child Protection Team informed, please tick in the box if done so.

Signature:

Date: