**SISD - Student Cause for Concern Form**

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| **Referral to Level 2 support – Provision: Support from Inclusion** |

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| **Name of student**  **(FULL NAME)** | **Grade** | **Date of Birth** | **Teacher(s) making the referral** |
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**KHDA Category of need**  
(*Place an X in the category below e.g. Cognition and Learning)*

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| **Which area is a concern?** | **Barriers to learning** | **Categories of disability** | **How a student might present in lessons.** |
|  | **Cognition and Learning** | 1. Intellectual disability. 2. Specific Learning disorders. 3. Multiple disabilities. 4. Developmental delay | The student may have difficulties with learning and present with signs of dyslexia, dyspraxia, dyscalculia. The student may have working memory difficulties and find retention of curriculum content difficult. |
|  | **Communication and Interaction** | 1. Communication disorders 2. Autism spectrum conditions. | The student may have difficulties expressing themselves, relating to others, make friends. |
|  | **Social, Emotional and mental Health** | 1. Attention Deficit Hyperactivity Disorders. 2. Psycho-emotional disorders. | The student may have low self-esteem. They might find it difficult to follow rules, settle down or regulate their emotions. |
|  | **Physical, Sensory and Medical** | 1. Sensory impairment. 2. Deaf-blind disability. 3. Physical disability. 4. Chronic or acute medical conditions | The student may have a medical condition that impacts on their learning. |

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| **Overview of the Concerns (Please detail)** |
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| **Briefly describe how the student presents and the difficulties they are having accessing the curriculum.** |
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| **Please detail any conversations you have had with the Parents, Grade Coordinator and Inclusion Team** |
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| **What Level 1 - Quality First Teaching Strategies/Curriculum modifications/differentiation/adapted planning/personalized learning approaches have you put in place to support the students learning.** |
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| **What Level 1 - Quality First Teaching Strategies have you tried? Please Detail.** |
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