



Headteacher: Mrs Cheryl Grigg

Parent Concern Form

Name of child : _____ Date : _____

As a parent, are you concerned with any of the below:

Behaviour at home/school	Comments
☐ Your child's participation in activities? ☐ If your child is clingy? ☐ High anxiety levels? ☐ Is your child able to sit still, focus and undertake an activity? ☐ Does your child share? ☐ Is there a difference between your child's behaviour at home and school?	

Eating and sleeping	Comments
☐ Does your child have difficulty with feeding/eating (fussy/not eating)? ☐ Putting in place routines for going to bed? ☐ How your child sleeps?	

Sensory (reaction to touch, pain, light, sound, food)	Comments
☐ Your child's hearing/listening? ☐ How your child reacts to touch/sound/light? ☐ How your child moves?	

Academic progress (achievement/learning : academic/non-academic)	Comments
☐ Delayed speech/unusual speech? ☐ Your child's memory? ☐ Does your child enjoy sharing a book with you? ☐ Your child's learning with reading, writing, spelling and number?	



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Social interaction and communication (with family, friends, teachers)	Comments
☐ Showing emotional expression? ☐ Responding to social cues? ☐ How your child responds to new people? ☐ How your child interacts with family/peers/staff they are in contact with? ☐ How your child reacts to new encounters/people? ☐ Does your child like meeting new people? ☐ How well your child communicates their needs to other people?	

Organisation	Comments
☐ How forgetful your child is? ☐ How your child processes information? ☐ Does your child organise their own belongings? ☐ How well does your child get themselves dressed/ready to go out/bedtime? ☐ How much support you need to give your child?	

Health/medical	Comments
☐ Is your child often unwell? ☐ Does your child complain about the same ailment regularly?	

Other concerns	Comments

Actions :
