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| **Quality First Teaching - Early Identification Short Note** |

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| **Name of child:** |  |
| **Date of birth:** |  |
| **School/setting:** |  |
| **Discussion with the pupil and their parent/carer:** | |
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| **Areas of strength and interests:** | |
|  | |
| **Areas of difficulty/concerns:** | |
|  | |
| **Parent/carer views:** | |
|  | |
| **The agreed outcomes sought for the child:** | |
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| **The next steps and date to be reviewed by:** | |
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| **Teacher signature:** |  | **Date:** |  |
| **Parent/carer signature:** |  | **Date:** |  |