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| --- | --- | --- | --- | --- | --- | --- |
| **Dyscalculia Establishing Needs Form 1**  **(To be completed by class teacher/s)** | | | | | **Insert**  **school/**  **authority logo** | |
| **Name of School** |  | | | |
| **Pupil Name** |  | **D.o.B** |  | **Class** | |  |
| **When was the concern identified:** |  | | | | | |
| **By whom:** |  | | | | | |
| **Areas of concern:** |  | | | | | |

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| --- | --- | --- | --- |
| **Approaches/ strategies used and monitored.** | **Time Scale** | **Tick if successful** | **How successful were these?** |
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| **Pupil involvement** (if appropriate) | | | |
| **Parental involvement** (if known) | | | |
| **Other personnel involvement** (if known) | | | |
| Further consultation with member of school staff with responsibility for Additional Support Needs (ASN) or with a Pupil/Support for Learning Support Teacher. This may lead to the continuation of the holistic collaborative assessment process and completion of **Dyscalculia Establishing Needs Form 2.** | | | |
| **Next steps if approaches and strategies listed above were not successful or have limited progress** | | | |
|  | | | |

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| --- | --- |
| **Referral for next steps - assessment and gathering information for Form 2.** | |
| **Date:** |  |
| **Class Teachers name** |  |
| **Pupil Support/Support for Learning Support staff name** |  |