|  |  |
| --- | --- |
| **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:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Approaches/ strategies used and monitored.** | **Time Scale** | **Tick if successful** | **How successful were these?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **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**  |
|  |

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