



Stepping Stones Referral Form

For

Whole Class Intervention

From Our Outreach Support Team



Date of referral.....

If relevant please list the children who might be targeted in this support

Child's Name:	D.O.B:	Year Group:	UPN NUMBERS
Child's Name:	D.O.B:	Year Group:	
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Child's Name:	D.O.B:	Year Group:	

HAVE PARENTS GIVEN PERMISSION TO SHARE INFORMATION WITH OST?

SCHOOL NUMBER:

SCHOOL:

Head Teacher's Name:

Class Teacher's name:

Email:

SENCO's name:

Email:

DATE REFERRAL RECEIVED

AT STEPPING STONES:

DATE OF RESPONSE:

WHAT ARE THE SPECIFIC BEHAVIOURS THAT HAVE LED TO THIS REFERRAL? (please bullet point)

WHAT SUPPORT HAS BEEN IMPLEMENTED TO DATE FOR THE ABOVE NAMED PUPILS?

(please bullet point)

e.g. in class support, one-to-one withdrawal, mentoring, social skills group, counselling, following a behaviour plan, pastoral support plan and/or IEP.

(please detail the nature, duration and outcomes of support - attach evidence)

WHAT STRATEGIES HAVE WORKED SO FAR? (please bullet point)

Prioritise the **3 BEHAVIOURS OF CONCERN** the students gets involved in [1 worst, 2,3 etc]:

Threatening Behaviour to Staff	Verbal Abuse to staff	Verbal Abuse to Peers
Threatening Behaviour to Peers	Physical Aggression to Peers	Self Harming
Physical Aggression to Staff	Gang Involvement	Persistent Classroom Disruption
Damage to Property	Truancy	Theft
Racism	Sexualised behaviours	Bullying
Depressed	Running out of classroom or building	Other

NAME OF REFERRER:	POST:	CONTACT NUMBER & EMAIL:

Please return the completed form and accompanying documentation to:

**Diane Sheron
Inclusion Manager
Stepping Stones PRU
Bowerham Road
Lancaster
Lancs
LA1 4HT
Tel: 01524-67164**

Main contact

email: diane.sheron@steppingstones.lancs.sch.uk

Please cc the following contact into your referral:

email: a.shepherd@steppingstones.lancs.sch.uk

