STEPPING STONES SCHOOL

OUTREACH SUPPORT SERVICE

# PARENTAL / CARER CONSENT FORM

**Permission form for Involvement of Stepping Stones Outreach Team.**

I give my permission for the involvement of Stepping Stones Outreach Team to provide advice, guidance and support regarding my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand the purpose is to support my child’s progress.

Information relating to the involvement may be retained on paper and/or electronically and will only be accessed by school staff and staff of Stepping Stones (Short Stay) School.

The outcome of the involvement will be communicated to me by school staff and/or the Outreach Support Teacher and if a report is written, it will be copied to me.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_