** Stepping Stones Request **

**For**

**Outreach Support Silver Package**

Name of Child:

DOB:

School:

Contact Number:

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| --- |
| Does your current Risk Assessment permit visitors to enter your school? Yes/NoWould you like us to email a copy of the Stepping Stones Outreach Team’s current Risk Assessment ? Yes/No |

Date of This Referral:

Date OST Responded (to be completed by SS staff):

**PLEASE ENSURE THE PARENT/CARE SIGNS THIS REFERRAL FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name**: | **ETHNICITY**: | **Year Group**: | **MALE****FEMALE** |
| **UPN NUMBER**: | **FIRST LANGUAGE**: | **SCHOOL NUMBER**: |  |
|  |  | **SEN STAGE**: |  |
| **SCHOOL**: | **Previous schools/Reason for change**: |
| **SCHOOL PHONE NO**: |
| **Number of days exclusions**: | **Head Teacher’s Name**: |
| **Class Teacher’s name**:**Email**: | **SENCO’s name**:**Email**: |

|  |  |  |
| --- | --- | --- |
| **NAME OF REFERRER**: | **POST**: | **CONTACT NUMBER & EMAIL**: |

Please highlight either number 1 or number 2:

|  |
| --- |
| 1. This is an early intervention as the child is struggling with their behaviour. |
| 2. This child is now at risk from permanent exclusion |

What are the child’s strengths? (Please bullet point)

What are the specific behaviours which have led to this referral? (Please bullet point)

What support has been implemented to date? (Please bullet point).

Eg: in class support, one to one withdrawal, interventions, mentoring, social skills groups, counselling, following a behaviour plan, pastoral support plan and/or IEP. *Please detail the nature, duration & outcomes of the support and attach evidence.*

EXTERNAL AGENCIES INVOLVED

How have external agencies been involved? Eg: CAMHs, Education Psychologist, Social Care, Speech & Language. (Please indicate nature of involvement, names, dates & contact numbers)

**If the child has been diagnosed with any of the following, please provide dates and person who completed diagnosis and attach copy of paperwork**

|  |  |  |
| --- | --- | --- |
| **DIAGNOSIS** | **TICK** | **Name & Date** |
| **ADHD** |  |  |
| **ASC** |  |  |
| **ODD** |  |  |
| **CONDUCT DISORDER** |  |  |
| **ATTACHMENT/EARLY TRAUMA** |  |  |
| **EDUCATIONAL SUPPORT e.g. DYSLEXIA, READING RECOVERY** |  |  |
| **SPEECH & LANGUAGE**  |  |  |

**Current Academic Levels**

|  |  |  |
| --- | --- | --- |
| **Reading**  |  **Writing**  | **Maths**  |

**OTHER**

|  |  |  |
| --- | --- | --- |
|  **Child Protection (please indicate)****YES NO****Child In Need Plan (please indicate)** **YES NO** | **Looked After Child – state Authority that has responsibility** | **Eligible for PPG (please indicate)****YES NO** |
| **Attendance percentage since September (From SIMs)**: | **Number of Fixed Term Exclusions in this year group**: |

|  |  |
| --- | --- |
| **Name and relationship of adult with Parental Responsibility**: | **ADDRESS**: |
| **Home Telephone**: | **Mobile**: |
| **Parental permission given to receive SS support, including ‘thrive’ approach**:**YES NO** | **Parental permission given to share information with SS**:**YES NO** |
| I GIVE PERMISSSION FOR THE ABOVE NAMED MAINSTREAM SCHOOL TO SHARE INFORMATION WITH STEPPING STONES SHORT STAY SCHOOL.Signed by Parent/Carer: |

Stepping Stones – Referral Criteria

*Please ensure you have provided all of the information below before submitting your referral form*

 Tick to Confirm

|  |  |
| --- | --- |
| 1. The child is on the school SEN register.
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| 1. The strategies recommended by Stepping Stones Outreach team have been used to address the child’s needs.
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| 1. Most recent Individual plans (IEP, PSP &/or behavioural) are attached
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| 1. **Copy of CAF and TAFs attached**
 |  |
| 1. **Relevant Reports: e.g. EP, Speech & Language, CAMHS**
 |  |

Please return the completed form and accompanying documentation to:

Main contact

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

Please cc the following contact into your referral:

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