**Stepping Stones Request **

**for**

**Outreach Support**

 **for**

Whole Class

Primary School name:

Primary School address:

School Number:

Contact Telephone Number:

Head Teacher name:

**Class Teacher name:**

Class Teaching Assistant name:

**Name of Referrer:**

**School Contact name** (If different from referrer)**:**

**School Contact Email:**

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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 |

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Date of This Referral:

What are the specific difficulties and challenges within the class which have led to this referral? (Please bullet point)

Current support and strategies being used in the classroom: (Please bullet point)

What sort of support would you like? ie. 1:1 class teacher or TA individualised support, class management strategies, training, is there a particular child/group who requires targeting?.

What do you aim to achieve following our intervention? ie improved relationships, upskilled staff, improved emotional regulation, etc.

Are there any other ways in which we can support you through this referral?

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