**Stepping Stones Request **

**for**

**Outreach Support**

**SMART 6 Week Interventions**

Primary School name:

Primary School address:

School Number:

Contact Telephone Number:

Head Teacher name:

**Name of Referrer:**

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

**School Contact Email:**

Individual or small Group?:

If Group, how many? (maximum 6):

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Date of This Referral:

|  |
| --- |
| 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 |

Which structured programme are you interested in us delivering? (please highlight)

Developing Self-Esteem

Anger Management

The Brain and Self- Regulation

Helping Children Who Bottle Up Their Feelings

Other (to be discussed, please indicate any suggestions)

|  |  |  |
| --- | --- | --- |
| **Name of Child** | **Year Group** | **Signed Permission of Parent** (Yes/No) |
|  |  |  |
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|  |  |  |
|  |  |  |

Previous support and strategies used: (ie Any previous intervention programmes, 1:1 or group interventions. Please indicate for which child/children)

What do you aim to achieve following our programme?

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