**Stepping Stones Request Form **

**Outreach Support for**

Parents

Name/s of Parent/Carer:

Name of child in school:

Year Group of child in school:

DOB of child in school:

Primary School:

Primary School address:

School Number:

Contact Number of Parent/Carer:

Address of Parent/Carer

Head Teacher:

**Name of Referrer:**

**Email Contact**:

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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 reasons which have led to this request for support? (Please bullet point)

How would you like the support to be focused? (engaging their child with accessing school, improving behaviour at home, supporting parents to support behaviour in school, supporting them in navigating the SEND systems, helping strengthen parent/school relationships)

What do you aim to achieve following the Outreach support?

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

Please complete the attached Strengths and Difficulties Questionnaire. This will help us measure impact at the close of the case. This should be printed off and handed to specialist teacher on the first visit.



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