** Stepping Stones Request **

**For**

**Outreach Support Silver Package**

Name of Child:

Male/Female:

DOB:

Year Group:

**School:**

**School Contact Number:**

****

**PLEASE ENSURE THE PARENT/CARER SIGNS THIS REQUEST FORM (this can be collected on the first visit)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child Protection** Yes/ No | **Child in Need** Yes/No | **Looked after child** Yes/No Local Authority: |  |
| **Number of days Fixed Term Exclusions**: | **Head Teacher’s Name**: |
| **Class Teacher’s name**:**Email**: | **SENCO’s name**:**Email**: |

|  |  |  |
| --- | --- | --- |
| **Name of referrer & post** | **Date of request:** | **EMAIL**: |
| **Previous schools/Reason for change**: |

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)

**Current Academic Levels**

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

What support has been implemented to date? Please tick.

|  |  |  |  |
| --- | --- | --- | --- |
| In class support |  | Counselling |  |
| One to one withdrawal |  | Behaviour plan |  |
| Social skills group |  | Pastoral support plan/IEP |  |
| Interventions |  |
| Other |  |

External Agencies Involved. Please tick and give dates.

|  |  |  |
| --- | --- | --- |
| CAMHs |  |  |
| Educational Psychologist |  |  |
| Social Care |  |  |
| Speech and Language |  |  |
| Other |  |  |

|  |
| --- |
| **Name and relationship of adult with Parental Responsibility**:**Parental/Carer Consent** I confirm that I have discussed the reasons for and purpose of the above request with school staff and confirm that I wish to have Stepping Stones Specialist teacher involvement with my child, as referred to above. I confirm that I have parental responsibility. I understand that any written report or other documentation will be sent direct to the school Senco, who will then send this documentation to me. I have been provided with the “Privacy Notice” and consent to my and my child’s personal information being held and processed as described in the document. Parent/Carer signature: |

*Please provide the following information below when submitting your referral form.*

 Tick to Confirm

|  |  |
| --- | --- |
| 1. Most recent Individual plans (IEP, PSP &/or behavioural) are attached
 |  |
| 1. Copy of Family assessments (previously CAF)
 |  |
| 1. Relevant Reports: e.g. EP, Speech & Language, CAMHS
 |  |
| 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

Please note, the parental signature can be provided at the first visit.