** Stepping Stones Request **

**For**

**Specialised Teacher Input**

Name of Child:

Male/Female:

DOB: Year Group:

**School:**

**Contact Number:**

Date of final EHC plan:

Category of need:

****

**Date of request:**

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

|  |
| --- |
| **Looked after child** Yes/No Local Authority: |
| **Class Teacher’s name:****Email**: | **Head Teacher’s Name**: |
| **Name of referrer & post:****Email:** | **SENCO’s name**:**Email**: |

External agencies supporting the child:

|  |  |  |
| --- | --- | --- |
| Agency | Name | email |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

Concerns/reasons for request for support: (Please bullet point)

**Current Academic Levels**

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

|  |
| --- |
| **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. **Parent/Carer signature:** |

Please ensure SEN file/information is available during specialist teacher visit. *(External agencies, medical, IEP’s, behaviour plans, incident records, etc)*

Please return the completed form 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.