**Stepping Stones Request Form **

**For**

**Group Mindfulness Program to support anxiety**

Group: (staff or pupil group)

Number in group:

Primary School:

Contact Number:

Head Teacher:

**Name of Referrer:**

**Contact:**

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Date of This Referral:

Date OST Responded (to be completed by SS staff):

What are the specific reasons which have led to this referral? (Please bullet point)

How would you like the support to be delivered? One to one sessions, whole class sessions, whole staff session(s) through a single staff meeting or an 8 week Mindfulness in Schools Course for your Cluster delivered by a Mindfulness Specialist (MiSP Qualified),

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](mailto:diane.sheron@steppingstones.lancs.sch.uk)

Please cc the following contact into your referral:

email: [a.shepherd@steppingstones.lancs.sch.uk](mailto:anne.shepherd@steppingstones.lancs.sch.uk)