**Stepping Stones Request Form **

**For**

**Individual Mindfulness Program**

Name:

Email Contact:

Primary School:

Contact Number:

Head Teacher:

**Name of Referrer:**

**Email 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 request for support? (Please bullet point)

How would you like the support to be delivered? (e.g. weekly sessions, after school,)

What do you aim to achieve following the 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)