 

Request for the EHC Package Specialist Teacher Input

from

Stepping Stones Outreach Support

6 hours specialist teacher input

|  |  |  |
| --- | --- | --- |
| **Pupil:** | **DOB:** | **Age:** |
| **School:** | **Classteacher:** | **Year group:** |
| **Parent(s)/Carer(s)** | **School Telephone number:** |
| **Date of Final EHC Plan:** | **Category of Need:** |
| **Is the pupil looked after? Yes No** |

**People who support the pupil**

|  |  |  |
| --- | --- | --- |
| **Agency** | **Name** | **E Mail** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Concerns/reasons for referral** *(Please bullet point)* |

|  |
| --- |
| **Strengths** *(Please bullet point)* |

|  |
| --- |
| **Referral Written by:****Signature:****Date:** |

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

|  |
| --- |
| **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 those listed as having parental responsibility. 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:****Name in print: Date:** |