 

Request for the EHC Package Specialist Teacher Input

from

Stepping Stones Outreach Support

6 hours specialist teacher input

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| **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**

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| **Agency** | **Name** | **E Mail** |
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| **Concerns/reasons for referral** *(Please bullet point)* |

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

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| **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)*

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| **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:** |