** Stepping Stones Request **

**For**

**Outreach Support Bronze Package**

**6 hours specialist teacher input for all children, including those who have an EHCP.**

Name of Child:

Male/Female:

DOB:

Year Group:

Date of final EHCP if applicable:

Category of EHCP if applicable:

**School:**

**School Contact Number:**

****

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Child Protection** Yes/ No | **Child in Need** Yes/No | **Looked after child** Yes/No Local Authority: |  |
| **Number of days Fixed Term Exclusions**: | **Head Teacher’s Name**: |
| **Class Teacher’s name**:**Email**: | **SENCO’s name**:**Email**: |

|  |  |  |
| --- | --- | --- |
| **Name of referrer & post** | **Date of request:** | **EMAIL**: |
| **Previous schools/Reason for change**: |

Please highlight either number 1 or number 2:

|  |
| --- |
| 1. This is an early intervention as the child is struggling with their behaviour. |
| 2. This child is now at risk from permanent exclusion |

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

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

**Current Academic Levels**

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

What support has been implemented to date? Please tick.

|  |  |  |  |
| --- | --- | --- | --- |
| In class support |  | Counselling |  |
| One to one withdrawal |  | Behaviour plan |  |
| Social skills group |  | Pastoral support plan/IEP |  |
| Interventions |  |
| Other |  |

External Agencies Involved. Please tick and give dates.

|  |  |  |
| --- | --- | --- |
| CAMHs |  |  |
| Educational Psychologist |  |  |
| Social Care |  |  |
| Speech and Language |  |  |
| Other |  |  |

|  |
| --- |
| **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 provide the following information below when submitting your referral form.*

 Tick to Confirm

|  |  |
| --- | --- |
| 1. Most recent Individual plans (IEP, PSP &/or behavioural) are attached
 |  |
| 1. Copy of Family assessments (previously CAF)
 |  |
| 1. Relevant Reports: e.g. EP, Speech & Language, CAMHS
 |  |

Please return the completed form and accompanying documentation to:

Main contact

email: diane.sheron@steppingstones.lancs.sch.uk

Please cc the following contact into your referral:

email: f.taylor@steppingstones.lancs.sch.uk

Please note, the parental signature can be provided at the first visit.