**Stepping Stones Request **

**Outreach Support**

 **for**

 **Specialist Teacher** Consultation

Primary School:

Contact Telephone Number:

Head Teacher:

SENCO:

**Name of Referrer:**

**Contact Email:**

Date of Request:

****

Outline reason for referral, eg *SENCO support, EHCP support, hourly support work with a child/staff member etc*

If the support is for a child please complete the box below:

Name of Child:

Male/Female:

DOB:

Year Group:

EHC: Yes/No

Category of Need:

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

External agencies involved. Please tick and give dates.

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

If the support is for a child or class, please outline the current support and strategies being used:

**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:

What do you aim to achieve following our intervention? ie improved relationships, upskilled staff, improved emotional regulation, etc.

Please return the completed form and accompanying documentation to:

Main contact

email: k.greenwood@steppingstones.lancs.sch.uk

Please cc the following contact into your referral:

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

GPDR DATA STORAGE: Please note we supply mainstream schools with copies of reports and reviews. We only hold information on our digital server until your child completes their primary education.