

**Outreach Support Request**

 for

SILVER PACKAGE

|  |  |
| --- | --- |
| **Name of Child:** |  |
| **Male/Female:** |  |
| **DOB:**  |  |
| **Year Group:**  |  |
| **EHCp:**  | Yes/No (Please delete as appropriate)If yes please identify Category of Need:  |
| **Name of Class Teacher:**  |  |
| **Contact Email for Class Teacher:** |  |
|  |
| **Name of School:** |  |
| **Contact Telephone Number:** |  |
| **Headteacher:** |  |
| **SENCO:**  |  |
| **Name of Referrer:****Contact Email:**  |  |
| **Date of Request:**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Child Protection:** | Yes/No | **Child in Need:** | Yes/No |
| **Looked After Child:** | Yes/NoLocal Authority:  | **Number of days of fixed term exclusions:** |  |
| **Previous Schools & Reasons for Change:** |  |

Please highlight either number 1 or number 2:

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| --- |
| 1. This is an early intervention as the child us struggling with their behaviour.
 |
| 1. The child is now at risk of permanent exclusion.
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| --- | --- |
| **What are the child’s strengths:**  |  |
| **What are the specific behaviours which have led to this referral?** |  |
| **Current academic levels:** | Reading:Writing:Maths:  |

SUPPORT IMPLEMENTED TO DATE (Please tick)

|  |  |  |  |
| --- | --- | --- | --- |
| **In Class Support** |  | **Counselling** |  |
| **One to One Withdrawal** |  | **Behaviour Plan** |  |
| **Social Skills Group** |  | **Pastoral Support Plan** |  |
| **Bespoke Interventions** |  | **IEP** |  |
| **Other (please identify)**  |  |

**Please provide the following information when submitting your referral form:**

Tick to confirm

|  |  |
| --- | --- |
| 1. **Most recent individual plans (IEP, PSP, Behaviour Plans) are attached**
 |  |
| 1. **Copy of EHA and/or TAF paperwork**
 |  |
| 1. **Relevant reports (EP, SaLT, CAMHs)**
 |  |

EXTERNAL AGENCIES INVOLVED (Please tick and give dates)

|  |  |  |
| --- | --- | --- |
| **CAMHs** |  |  |
| **Educational Psychologist** |  |  |
| **Social Care** |  |  |
| **Speech and Language** |  |  |
| **Other (please identify)**  |  |  |

**PLEASE ENSURE THE PARENT/CARER SIGNS THIS REQUEST FORM**

**(this can be collected on the first visit)**

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 return the completed form and accompanying documentation to:**

**Katie Greenwood**

**Email: k.greenwood@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.