

**Outreach Support Request**

 for

Whole Class

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| **Name of School:** |  |
| **Contact Telephone Number:** |  |
| **Headteacher:** |  |
| **SENCO:**  |  |
| **Name of Referrer:****Contact Email:**  |  |
| **Date of Request:**  |  |
|  |
| **Name of Class:** |  |
| **Year Group:** |  |
| **Name of Class Teacher:**  |  |
| **Contact Email for Class Teacher:** |  |

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| **What are the specific difficulties and challenges within the class which have led to this referral?** |  |
| **Current support and strategies being used in the classroom:** |  |
| **What sort of support would you like?** | i.e.. 1:1 class teacher or TA individualised support, class management strategies, training, is there a particular child/group who requires targeting?  |
| **What do you aim to achieve following our intervention?** | i.e. improved relationships, upskilled staff, improved emotional regulation, etc. |
| **Are there any other ways in which we can support you through this referral?**  |  |

**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.