

**Outreach Support Request**

 for

 Sensory Regulation Support

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| **Name of School:** |  |
| **Contact Telephone Number:** |  |
| **Headteacher:****SENCO:**  |  |
| **Name of Referrer:****Contact Email:**  |  |
| **Date of Request:**  |  |

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| --- | --- |
| **Name of Child:** |  |
| **Male / Female:**  |  |
| **Date of Birth:**  |  |
| **Year Group:** |  |
| **EHCP?**  | Yes/No (Please delete as appropriate). If yes, please identify category of need: |

EXTERNAL AGENCIES INVOLVED (Please tick and give dates)

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

Please briefly explain why you are making this request for support:

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Please outline the current support and strategies that are being used and are successful:

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**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.