**Outreach Support request form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Information Contact and monitoring** | | | | | | | | | | | | |
| School name | | | | |  | | | | | | | |
| Address | | | | |  | | | | | | | |
| Telephone and email contact details | | | | |  | | | | | | | |
| Name and role of member of staff completing referral form | | | | |  | | | | | | | |
| Type of referral  *\*Please complete table below for pupil focus referrals* | | | | | Pupil focus referral\*  Class focus referral  Whole school focus referral  Other (please specify): | | | | | | | |
| Reason for the referral | | | | |  | | | | | | | |
| Please indicate on a scale of 1-10 below how confident you are at present in being able to meet the main presenting need of this pupil (1=most able; 10=least able) | | | | | | | | | | | | |
| **1** | **2** | **3** | **4** | | | **5** | **6** | **7** | | **8** | **9** | **10** |
| Pupil name: | | | | D.O.B: | | | | | Year group: | | | |
| Please comment on the pupil’s main presenting need(s): | | | | | | | Existing involvement or support of any other services: | | | | | |

We confirm that access to the outreach service has been discussed with main caregiver, who gives consent to the service being received, and information regarding this pupil being shared with practitioners working to support them, within the local authority.

Parent: ………………………………………………. Date:

School: ………………………………………………. Date: