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| --- | --- |
| Outreach ServiceRequest Form | Please complete this form and return to:Forest Way AllianceWarren Hills Road, Coalville,Leicestershire LE67 4UUTel: 01530 831899clupton@forestwy.leics.sch.uk |

|  |  |
| --- | --- |
| Date: |  |
| Person making request: |  |
| Name & address of school; e-mail and telephone number for above person: |  |
| Primary focus of request: | The needs of an individual child or young person **(complete Section B)** |  |
| A group of children or young people with like needs **(complete Section C)** |  |
| Ways to support the work of staff **(Complete Section D)** |  |
| Parent/carer’s consent obtained |  |

**Section A** (To be completed in all cases)

**Section B** (To be completed if request described in Section A is to support an individual child or young person)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Individual’s Name | D.O.B | Yr Group | M/F | UPN |
|  |  |  |  |  |
| Baseline Data: (attach copies of information, or fill in box, whichever is easier) |
| NC/P Levels in English and Maths |  |
| Any additional physical or medical needs |  |
| People/Services who have been involved |  |

**Section B** continued

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Level of SEN intervention | None |  | SA+ |  |
| SA |  | Statement |  |
| Brief description of needs |  |
| Teaching and Learning Strategies implemented |  |
| Specific nature of help required |  |

**Section C** (To be completed if request described in Section A is to support a group of children or young people with like needs)

|  |  |  |  |
| --- | --- | --- | --- |
| Children’s Names | Yr Group | Brief description of needs (Please include levels of SEN intervention as appropriate and any people/service who have been involved) | Parent/Carer’s consent obtained |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section D** (To be completed if request described in Section A is to support the work of staff involved with the child/children causing concern)

|  |  |
| --- | --- |
| Brief description of staff needs (Please specify number involved) |  |

For Office Use Only

|  |  |
| --- | --- |
| Date received |  |
| Date Support commissioned |  |
| Date Analysis Form Monitoring |  |
| Request Accepted | Yes |  | No |  |