**Request for an individual Outreach Support Plan**

|  |
| --- |
| **Section A: School Contact Information** |
| **Name of Contact:** |  |
| **Position in School:** |  |
| **Name of School:** |  |
| **Address:** |  |
| **Telephone:**  |  |
| **E-mail:** |  |

|  |
| --- |
| **Section B: Tailored Support for Individual Student** |
| **B1: Student Details** |
| **Student Name:** |  |
| **Date of Birth:** |  |
| **Gender:** |  Male [ ]  Female [ ]  |
| **NC School year:** |  |
| **EHCP in place:** |  Yes [ ]  No [ ]  |  |
| **To Support application for EHCP:** |  Yes [ ]  No [ ]  |  |
| **Pupil Premium:** |  Yes [ ]  No [ ]  |  |
| **English as an additional language:** |  Yes [ ]  No [ ]  |  |
| **Academic Levels** | **Considerably Below** | **Below****Expected** | **Working At** | **Above Expected** | **Considerably Above** |
| **Maths** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Literacy** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Writing** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Reading Age:** |  |
| **Outline of Special Educational Needs:** |
|  |

|  |
| --- |
| **B2:**  |

|  |  |
| --- | --- |
| **Any additional information (including Safeguarding):** |  |
| **Reason for referral:** |

|  |
| --- |
|  Yes [ ]  No [ ]  Report for EHCP Application |
|  Yes [ ]  No [ ]  Support Plan- Strategies to support in class |
|  Yes [ ]  No [ ]  Modelling for staff internally (At School) |
|  Yes [ ]  No [ ]  Modelling for staff externally (At MGS) |

 |

***Please note that a direct observation of a child requires parental consent***

|  |
| --- |
|  |
|  |
| **C: Parental Consent** |

I consent to my child being referred to the outreach support service. I understand that this means that someone will come to observe my child in their school setting and may offer 1:1 sessions, small group sessions and/or ideas for in class support. Meetings will be held to discuss ways in which my child may be supported in their current school. This will involve the sharing of information about any diagnosis that has previously been given and any previous support that has been received. I understand that further referrals may be suggested as a result of the visit.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |
| **Name:** |  |

Please send the completed form and any questions by email to: outreach@manorgreenschool.co.uk

If you require any further information please contact Helen Hannam / Rachel Goymer at Manor Green School on 01628 513800.