**Request for an individual Outreach Support Plan**

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

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

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| **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***

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| **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.

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

Please send the completed form and any questions by email to: [outreach@manorgreenschool.co.uk](mailto:outreach@manorgreenschool.co.uk)

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