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| **SCHOOLS’ OUTREACH SERVICE**  **REQUEST FOR OUTREACH SUPPORT** |

Outreach support will be considered in respect of pupils whose needs are complex, as described in the Schools’ Outreach Service Protocol, with the purpose of facilitating mainstream staff to include the pupil. **Please complete ALL sections and return to** [outreachsupport@hope.wigan.sch.uk](mailto:outreachsupport@hope.wigan.sch.uk) **It is important that signatures are provided.**

**People Directorate: Children and Families**

Colette Dutton, Director of Children’s Services

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pupil’s Name | |  | | | DoB |  | | |
| School/Setting | |  | | | | DfE No |  |
| Start Date | |  | | Current Year Group | | |  | |
| SENCO/Named Person | | |  | Signed: | |  | | |
| Contact Email |  | | | | Tel |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Parent(s)/Carer(s) |  | | |
| Home Address |  | | |
|  |  | Tel |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current support is via: | EHC Plan |  | school-based funding |  |

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| If ‘other’ please give details |  |

This request is being made on the grounds of the child’s complex needs around:

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| Severe Cognition and Learning |  |  | Autism (formal diagnosis) |  |

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| --- | --- | --- | --- | --- |
| Communication and Interaction |  |  | Physical Difficulties |  |

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| --- | --- | --- |
| Social, Emotional and Mental Health |  |  |

***(If more than one, please indicate primary need.)***

Is the child of an ethnic minority? *YES / NO* *(****If yes, please attach EMTAS / EAL Reports.)***

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| Please provide current attainment levels and % attendance |
|  |
| No EHCP? Has the request been agreed by the Targeted Education Support Service or another specialist service? *YES / NO* *(****If yes, please give details.)***   |  |  |  | | --- | --- | --- | |  |  |  | |

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| FOR COMPLETION BY THE OUTREACH SERVICE | | | | | |
| Received |  | Acknowledged |  | Referred to |  |
| Please give brief details of other service involvement, both previous and current | | | | | |
|  | | | | | |

The following additional supporting information is attached:

|  |  |  |  |
| --- | --- | --- | --- |
| EHCP |  | EAL Report(s) |  |
| EP Report |  | Medical Report(s) |  |
| ELCT Report(s) |  | PSP |  |
| TESS Report(s) |  | IEP |  |
| EMTAS Report(s) |  | Other ***(please state)*** |  |

***Please use the Greater Manchester Ordinarily Available Inclusive Provision (GMOAIP) document*** [GM OAIP Wigan](https://www.wigan.gov.uk/Docs/PDF/Business/Professionals/SEN/Graduated-Approach/GM-OAIP-Wigan.pdf) ***to outline which support strategies are already in place.***

What other additional strategies / resources have been provided?

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| --- | --- | --- | --- | --- |
| Support staff / time allocation |  |  | Curriculum resources |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Building adaptations |  |  | Specialist equipment |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Outreach training for school staff**\*** |  |  | Other**\*\*** |  |

|  |  |
| --- | --- |
| \* Please give details |  |
|  |  |
| \*\* Please give details |  |
|  |  |

|  |  |
| --- | --- |
| What outcomes do you want to achieve with support from the Outreach Service? | |
|  | |
| This referral has been recommended by |  |
| Designation |  |

**PARENTAL PERMISSION MUST BE OBTAINED PRIOR TO INITIAL REFERRAL**

*I agree to my child’s information being shared within the Outreach Service and other agencies, so that appropriate support can be provided for school staff.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** Parent/Carer |  | Date |  |
| *I agree to allow sufficient time for the named person to liaise with the Outreach Worker.*  *I agree to share the information required as part of the monitoring and evaluation process, and understand that following the period of intervention, attendance will be tracked to evidence the success of the ongoing placement.* | | | |
| **Signed:** Headteacher |  | Date |  |