

|  |  |
| --- | --- |
| **GRANTA SCHOOL**  **Outreach Services Request Form** | **Please complete this form and email it to:**  **Ruchi Datta**  [**Head@granta.cambs.sch.uk**](mailto:Head@granta.cambs.sch.uk) |

**SECTION A – PLEASE COMPLETE IN ALL CASES**

|  |  |  |
| --- | --- | --- |
| Date |  | |
| Name of person making request, email and telephone number |  | |
| Name and address of school |  | |
| Primary focus of request:  (please tick one) | The needs of an individual child or young person (**complete section B** – a parent **signature** is required) |  |
| A group of children or young people with like needs (**complete section C** – parental **consent** required) |  |
| Ways to support the work of staff  (**complete section D**) |  |

**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 | Year Group | M/F | UPN |
|  |  |  |  |  |
| Baseline data – attach copies of information or fill in boxes, whichever is easier) | | | | |
| Progress in Eng/Ma |  | | | |
| Physical or medical needs |  | | | |
| Current service involvement |  | | | |
| Level of SEN intervention | None |  | Initial concerns |  |
| SEND Support (K) |  | EHCP |  |
| Brief description of needs |  | | | |
| What have you already tried and how is it working? |  | | | |
| What do you hope to gain from our input? |  | | | |
| Parent/Carer Signature |  | | | |

**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 | Year group | Brief description of needs | Parent consents obtained? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SECTION D** – to be completed if request described in section A is to support the work of staff

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

|  |  |  |  |
| --- | --- | --- | --- |
| SIGNATURE of person making request |  | DATE |  |