

**Rigby Hall School Outreach Support Request Form**

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| School details: | Child details: |
| Name of setting: |  | Name: |  |
| Address: |  | Address: |  |
| Telephone number: |  | Current year group: |  |
| Email contact: |  | Date of Birth: |  |
| SENCO name: |  | Gender: |  |
| Headteacher name: |  | Parent/carer name/s: |  |

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| Please outline a brief description of the child’s strengths and difficulties: |
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| Please outline strategies used to support the child and whether they have been successful: |
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| What agencies have involvement with the child? (Please name contact if known) |
| Speech and Language |  |
| Occupational Therapist |  |
| Educational Psychologist  |  |
| Physiotherapist |  |
| Teacher of the Visually Impaired |  |
| Teacher of the Deaf |  |
| Autism and Complex Communication Needs Team (CCN) |  |
| Other: |  |

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| Please describe in brief needs related to the following areas : |
| Cognition and Learning: | Social skills: |
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| Communication: | Health needs: |
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| Sensory and Physical: | Mental Health: |
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| Does the child currently have an EHCP: |
| Yes | No | In process of being written |
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**Parental consent:**

I give permission for the school to request outreach support for my child from Rigby Hall School’s Outreach Team. I allow the school to share information and any relevant reports.

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| Name (Parent Carer): |  |
| Signed (Parent Carer): |  |
| Date: |  |