

Request for PD Outreach Support Team Involvement

Child's Details:		Setting Details:	
Surname		Name	
Forename(s)		Manager/Head	
Date of Birth		Email	
Gender		SENCo name	
Names of parents/carers		Address	
Address			
Tel No.		Tel No.	

What is the nature of the child's physical/motor difficulties? E.g. Cerebral Palsy, Spina Bifida
 Are there other difficulties? E.g. global delay, learning and communication needs:

What are the main areas of concern?

- | | | | |
|-----------------------|--------------------------|-------------------|--------------------------|
| Mobility/Access | <input type="checkbox"/> | ICT | <input type="checkbox"/> |
| Gross Motor Skills | <input type="checkbox"/> | Perceptual Skills | <input type="checkbox"/> |
| Self Help Skills | <input type="checkbox"/> | Handwriting | <input type="checkbox"/> |
| Organisational Skills | <input type="checkbox"/> | Fine Motor Skills | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

Please tick the pupil's status regarding the SEN Code of Practice

- | | | |
|--------------------|--------------------------|-------------------|
| Graduated response | <input type="checkbox"/> | |
| EHCP Requested | <input type="checkbox"/> | |
| EHCP Commenced | <input type="checkbox"/> | |
| Statement/EHCP | <input type="checkbox"/> | Review Date _____ |



Involvement of other agencies (Please give names if known)

Educational Psychologist _____ Occupational Therapist _____

Physiotherapist _____ Speech & Language Therapist _____

Other specialist teaching teams e.g. VI, LST _____ Other (Please state):

Please provide evidence of school action prior to the request

eg. Individual programme, group programme
School/Voluntary support
Teaching assistant support

Please comment on child's:

Motivation

Self-Image

Attitude to work

Concentration

Relationship with peers

Other background information

Please attach copies of the following reports:

- Pupils current IEP
- Most recent reports
- Sample of pupil's unaided writing

As Parent/Carer I give permission for this request for support and for information to be shared amongst relevant professionals.

Name (Parent/Carer): _____

Signature (Parent/Carer): _____