

## 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:

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### 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"/> |                   |                          |

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### 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 _____ |



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**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): \_\_\_\_\_

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**Please provide evidence of school action prior to the request**

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

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**Please comment on child's:**

Motivation

Self-Image

Attitude to work

Concentration

Relationship with peers

Other background information

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**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):** \_\_\_\_\_