

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

I confirm that the parents/carers have given permission for this request for support and that they also give permission for PD Outreach staff to contact, as required, any relevant agencies that are also involved.

Name _____ Signature _____ Date _____