

Outreach Request Form

Date of request:	School requesting support:
Name of contact person and role:	Contact details:
Name of pupil: D.O.B. Current school year: Diagnosis (if any) or is the pupil part of an on-going diagnostic process? Are any external agencies involved. (E.g. CAMHS, OT, SALT, physio etc.): If yes, please include appropriate reports. Level of support child is receiving: <i>EHCP or statement/SEN support/other</i> Does this pupil have one to one support? Yes/no.	
Current school context; Current timetable; Does the pupil follow the school/ classroom routines alongside peers? (Please give a brief description) Please name the staff who currently work with the pupil (<i>teachers, teaching assistants etc</i>)	



What barriers to learning and access does the pupil currently face? (*school perspective*)



Information about the pupil

Home Language:

Communication by child (*verbal, non-verbal, limited language, PECS. Do they understand verbal instructions?*)

Current academic levels (*Maths, English, Reading*):

Motivators: (*does the pupil have any special interests? What are they excited about at school/ home?*)

Behaviour – in classroom/work:

Behaviour – with peers:

What happens at playtimes / lunchtimes? (*Do they access independently or with adult support? What do they engage in? Are there any behaviour concerns when around their peers?*)

Sensory issues: (*Have any sensitivities been identified– noise, light, smell, touch, space?*)



Further information

What strategies and resources have you already tried?

What has worked well?

What support do you require?

What are the desired outcomes from this support?

What does the pupil's family believe to be the barriers for their child?

GDPR 2018

The information requested on this form is required for the purpose of referring the above pupil to this service.

The information provided by you may be disclosed to other professionals working with this pupil for educational purpose.

Have you requested parental permission for Pikefold Primary School's involvement? **Yes/no**

Please return completed form to: outreachteam@pikefold.manchester.sch.uk

