**Cherry Garden Outreach: Request for Support**

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| **School Details** | |
| School name: | Date of referral: |
| Type of school (maintained/academy/free school): | |
| Address: | Phone: |
| SENCO/Inclusion Manager name and email: | |
| Class Teacher name and email: | |
| Who is making this referral? | |

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| **Pupil Information** | | | | | |
| Name: | | | | | |
| Date of Birth | Current Year Group | Pupil’s borough | Language(s) at home | Gender | EHCP in place?  (Y/N/Referral in progress/ Requested) |
|  |  |  |  |  |  |
| Diagnosis (if any): | |  | | | |
| Other professionals involved: | |  | | | |
| Assessment: *(Please give current Branch Map levels in CLL, PSED and MD, or other assessment you use in school)* | |  | | | |
| Current Provision:  *(Interventions)* | |  | | | |
| Pupil’s Strengths: | |  | | | |
| Pupil’s Needs: | |  | | | |
| What additional support has already been put in place for this child? | |  | | | |
| What is working well? | |  | | | |
| What could be better?  (*Include things you’ve tried with limited success*) | |  | | | |
| What outcomes would you like to achieve with support from the Cherry Garden Outreach Teacher? | | For the school and staff: | | For the pupil: | |

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| **Parent/ Carer Consent** | | |
| Consent Given by: |  | |
| Relationship to pupil: |  | |
| Signature: |  | |
| Staff member who obtained consent: |  | Date consent given: |
| Any parent/carer comments: |  | |

**Please return this form to: Anna Parsons, Cherry Garden Outreach Teacher, by email.** outreach@cherrygardenschool.co.uk