

## Specialist Outreach Support

You can use this form to request support from CWAC Special Schools. Please refer to the Support Directory for guidance on the types of provision available.

**Requests can be made from 20<sup>th</sup> September 2021. Please do not submit more than one request per term, per school as we need to ensure a fair and equitable provision across all settings.**

**The Outreach Support offer is primarily focussed on:**

- Successfully maintaining mainstream placements for children and young people with SEND with specialist advice and support
- Developing confidence of parents / carers and mainstream settings for children and young people with SEND transitioning between Key Stages (early years into primary, primary to secondary, secondary into college / post 16 provision)
- To support children and young people who are ready to transition from special schools into mainstream.
- Please note that the Outreach Service can not be used to request a change of setting.

<b>Referrer's name and email:</b>		<b>Date:</b>
<b>Address of Setting:</b>		

**Please give a description of the reason for this referral and the specific outcome you want to achieve:**

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**If referring for a specific pupil please complete the following:**

<b>Name:</b>			
<b>Year Group:</b>		<b>Gender:</b>	
<b>Any confirmed diagnosis e.g. ASC / ADHD:</b>			
<b>Does the pupil take any regular medication?:</b>			

**What type of support are you requesting?**

<input type="checkbox"/> Peer to Peer Advice and Case Discussion	<input type="checkbox"/> Concern for a pupil e.g <input type="checkbox"/> Placement at risk <input type="checkbox"/> Identifying needs <input type="checkbox"/> Curriculum support <input type="checkbox"/> Transition planning	<input type="checkbox"/> Individual / Small Group Staff training
<input type="checkbox"/> Whole School Staff Training	<input type="checkbox"/> In Reach <input type="checkbox"/> Teacher <input type="checkbox"/> Teaching Assistant <input type="checkbox"/> SENCO <input type="checkbox"/> Team	Other (Please specify)

**Have other services previously been involved? If yes please provide copies of all reports and advice. Please indicate if the pupil remains open to any service. This is to avoid duplication and inform the referral:**

- |   |  |
|---|--|
| <input type="checkbox"/> Educational Psychology               | <input type="checkbox"/> Early Years Specialist Teaching Service |
| <input type="checkbox"/> Speech and Language Therapy          | <input type="checkbox"/> Other Special School Outreach           |
| <input type="checkbox"/> Physiotherapy / Occupational Therapy | <input type="checkbox"/> CAMHS                                   |
| <input type="checkbox"/> Autism Team                          | <input type="checkbox"/> Other Independent Consultant            |

**Is the child known to Early Help & Prevention or Children's Social Care?**

- |  |   |
|--|---|
| <input type="checkbox"/> TAF           | <input type="checkbox"/> Child Protection   |
| <input type="checkbox"/> Child In Need | <input type="checkbox"/> Looked After Child |

**Name of Social Worker / Family Support Worker (if applicable):**

**At the time of referring, how do you evaluate your ability to address your concerns, where 5 is completely confident?**

1:	2:	3:	4:	5:
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Please return this form to: [emailaddressTBC@cheshirewestandchester.gov.uk](mailto:emailaddressTBC@cheshirewestandchester.gov.uk) ensuring appropriate permissions are received from parents/carers for any named children and young people for whom you are seeking support.

**I can confirm that parent/carers have agreed to the request for specialist outreach support:**

**Parent / Carer email address:**

**Name:**

**Position:**

**All referrals will be considered and shared with the appropriate specialist provision to request support. The SEN Team will aim to respond to your request within three weeks during term time.**