



## Request for Outreach Support

**Please ensure that you have read the guidance provided in the Outreach Handbook before you complete this form.**

The purpose of Outreach is to assist staff in mainstream schools to build capacity for the inclusion of children/young people with a range of learning needs. The objective is to ensure that staff who work in mainstream schools build their confidence and understanding of the special educational needs of the children/young people in their school. The responsibility for the management of the special educational needs of a child/young person, or group of children/young people, who have been referred for Outreach support, remains with the staff in the mainstream school. There is an expectation, when Outreach support is agreed, that mainstream schools will make all relevant staff, *including school SENCO*, available for Outreach visits. Our aim is to provide an efficient and effective support service.

### School requesting Outreach Support:

Name of school:	Address:
Name of SENCO:	Postcode:
Email:	Telephone:

### Child/Young Person's details:

Surname:	Gender: M/F
Also known as:	Date of Birth:
Forename(s):	
NCY:	Date of Admission to School:

Has the child/young person been placed out of their chronological year? <small>If 'Yes' which year group are they working with?</small>	Yes	No
Child in Care?	Yes	No
Is the child/young person from a Traveller Family?	Yes	No
Has the child/young person had any support due to English as an Additional Language?	Yes	No

### Summary of special educational need:

*Identify and list all of the child's/young person's special educational needs, including any diagnoses that they already have, e.g. ASD, ADHD etc.*

**Reasons for referral:**

**Provision made to meet special educational needs:**

*What has been implemented for this pupil to date? (Please include details of other professionals/ agencies who have been involved and relevant staff training and/or resources)*

The agreed purpose for the involvement of Outreach is:

Parents/Carers Views

Child/Young Person's Views

**Referral completed by: SENCO**  
**Name:**

**I understand that:**

As SENCO, I am the lead professional in this Outreach referral

I am responsible for being present and chairing the Action Planning Meeting and Review meeting

I am responsible for follow up work and information dissemination to relevant members of staff

*Please tick the relevant boxes to confirm you have read and agree to these terms*

**Parent/Carer permission for involvement of TADSS Outreach Service**  
(This may involve observing and/or working with the pupil/person; working in partnership with other agencies, including sharing information if relevant. Information will be processed in accordance with the Data Protection Act 1988.)

**Signed (Parent/Carer)..... Date.....**

**Headteacher**  
*I confirm that this request has been discussed with the Educational Psychologist, who is aware that this request is being made.*

*I confirm that parental permission has been sought before making this request.*

Signed:.....

Name: Date:

**Please send your fully completed form to:**

**TADSS Outreach Service**

**Westfield Arts College**

**Littlemoor Road**

**Weymouth**

**Dorset**

**DT3 6AA**

**Fax no. 01305 835414**

**Email: [tadss@westfield.dorset.sch.uk](mailto:tadss@westfield.dorset.sch.uk)**