



Outreach/Inreach Record

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|---|--|
| Name of Outreach Teacher & School | |
| Name of Child | |
| Name of School | |
| Date of Birth | |
| Date of first visit | |
| Action Plan given to Team Leader – Yes or No? | |

Hours worked

| | Initial Assessment (Flat rate of £540 – paid on receipt of action plan & visit report) | Follow up work/Inreach support (Flat rate of £180) |
|-------------------------------------|---|--|
| Date | | |
| Admin/phone calls | | |
| Visit | | |
| Travelling time | | |
| Report writing/Resource preparation | | |
| Inreach visit | | |
| Other | | |
| Total in hours | | |

Please return this to Westfield office as soon as possible in order that payment can be made to your school. Thank You

