

## Outreach/Inreach Record

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	Follow up work/Inreach support
Date		
Admin/phone calls		
Visit		
Travelling time		
Report writing/Resource preparation		
Inreach visit		
Other		
<b>Total in hours</b>		

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

