Gilbrook Social ,Emotional and Mental Health Outreach

Request for Support – Individual child

School : ………………………………………...........................................................................

Class Teacher: ………………………………………………………………………………….

Address: ……………………………….……………………………………………………….

Class Teacher email: …………………………….......................................................................

Pupil Name: …………………………………............................................................................

Year Group: …………………………………………………………………………. ………...

Date of Birth: …………………………………………………………………………………..

Parental consent: Yes / No CAF completed? Yes / No

Pupil Profile completed? Yes / No ASP? Yes / No SEN register? Yes / No

Levels of Attainment: R.A. \_\_\_\_\_\_ S.A. \_\_\_\_\_\_ Cognitive Ass. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expectations for Support – please see over

Current concerns (briefly describe frequency, intensity, nature, duration and severity):

Actions already implemented in school:

(Attach current One Page / Pupil Profile, Additional Support Plan)

Details of other professionals involved: i.e. names and action,

E.g. Anne Jones-EP, consultation and strategies agreed Sept ‘10

Expectations

Outreach staff:

* Will make appointments which suit the pupils and staff and inform the school via the office or to staff directly
* Will be punctual unless unavoidably delayed by Safeguarding issues with previous appointments
* Will inform staff of any concerns or useful ideas as a result of a session as soon as possible – this will take account of staff availability
* Will provide reports where appropriate within a reasonable time scale

Schools:

* Will ensure Outreach staff have access to appropriate working space according to size of group or need for confidentiality
* Will inform the Outreach service if pupils are absent for a planned session
* Will complete and return Evaluation forms to help maintain standards of service

**We agree to the above (signed)**

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Key point of contact: ……………………………………………………………. Phone: …………………………………

Date sent :……………………………………………………………………………………………………………………………..

Email: …………………………………………………………………………………………………………………………………….

Please return to: Vicky Leary, Outreach teacher – Outreach Support

Gilbrook School, Glebe Hey Road, Woodchurch, Wirral. CH49 8HE

Tel: 0151 522 3903 Fax: 0151 522 3909 Email: [v.leary@gilbrook.wirral.sch.uk](mailto:v.leary@gilbrook.wirral.sch.uk)