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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Request for Intervention Secondary Outreach Team** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School:** | | |  | | | | | | | **Name of school contact:** | | | |  | | | | | | | Date | | |  | |
| **Please select ONE option:** | | | | | | | Individual/Class referral | | | | | | | **Contact email:** | | | | |  | | | | | | |
| **Student details** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Pupil’s name:** | | | | |  | | | | | **Gender:** | |  | | | **DoB:** | |  | | | **NC Year:** | | |  | | |
| **Attendance**: | | | | | Select | | **Ethnicity:** | | | Select | | | | | **EAL:** | |  | | | **UPN:** | | |  | | |
| **Punctuality:** | | | | | Select | | **SEN Support:** | | | Select | | | | | **Home language:** | | | | |  | | | | | |
| **Unauth. absences:** | | | | |  | | **LAC/CiN/CP:** | | |  | | | | | **Medical conditions:** | | | | |  | | | | | |
| **Current involvement with other agencies:** | | | | | | | | | **LAC Team:** | |  | | **Social Services:** | | | | |  | | **Early Help Team:** | | | | |  |
| **EP:** | |  | | **SALT:** |  | **CP:** | |  | **CAMHS:** | |  | | **Other:** | | | | |  | | | | | | | |
| **Details of intervention request** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reason(s) for referral** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Strategies already implemented** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Anticipated outcomes** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| School & parental consent | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent agreement** | | | | |  | | | | | | | | | | | Date | | | | | |  | | | |
| **SLT agreement** | | | | |  | | | | | | | | | | | Date | | | | | |  | | | |