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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** |
|       |
| **Strategies already implemented** |
|       |
| **Anticipated outcomes** |
| 1 |       |
| 2 |       |
| 3 |       |
|       |
| School & parental consent |
| **Parent agreement** |       | Date |       |
| **SLT agreement** |       | Date |       |