



Woolgrove Outreach

Initial Referral Form



School name and address:			
Contact Staff Names:	SENCo/INCo:	Class Teacher:	
		Teaching Assistant:	
SENCo Contact Details:	Phone:		
	Email:		
Type of Referral:	<ul style="list-style-type: none"> • Pupil Focus Referral • School Focus Referral • INREACH 		If Pupil referral please complete below
Reason(s) for the referral:			

Please indicate on a scale of 1 to 10 below how confident you are at present in being able to meet the main presenting need of this pupil. (1 = **MOST** able; 10 = **LEAST** able)

1	2	3	4	5	6	7	8	9	10
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This information will be used to compare staff confidence at the beginning and end of the intervention.

Pupil details			
Name:		Gender:	
Date of birth :		Year Group:	
Unique Pupil Number (UPN) (This section MUST be completed)			
Existing involvement or support of any other services:			
Pupil's main presenting need(s):			

We confirm that access to the outreach service has been discussed with the parent, who gives consent to the service being received, and information regarding this pupil being shared with practitioners working to support them, within the local authority:

Parent

Date

School

Date