



Castledon School Outreach Request Form

Name of school or community group	
Date of application	
Date of our visit to your venue	
Alternative date	
Address	
Telephone number	
Email address	
Are you a SEN school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child's name	
Date of birth	
Year group	
Pupil's school attendance percentage	
EHCP or Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diagnosis of Autism: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, numbers of hours:	Any other diagnosis?

Level of concern – please giving a rating to the severity of concern, where 1 is a mild concern and 5 is a severe concern causing risk of exclusion or complete lack of academic progress.

Concerns	Level of concern	Strategies used

Support required at point of referral (please tick):

- Initial visit**
- Telephone**
- email advice**
- Resources**
- Training**
- Other**

Other professionals or agencies that are involved with the child:

- Specialist teacher**
- Educational Psychologist (EP)**
- Speech and language (SaLT)**
- Occupational therapist (OT)**
- Emotional wellbeing and mental health service (EWMHS)**
- counselling**
- Other (please list in the space provided)**

Pupil Progress data: (please tick)			
	Below Age Expectations	Working at Age Expectations	Above Age Expectations
Literacy (reading)			
Literacy (writing)			
Numeracy			

Access to Learning (please indicate, where 1 is very little access and 10 is full engagement)

1	2	3	4	5	6	7	8	9	10
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Pupil Behaviour (please indicate, where 1 is very poor behaviour and 10 is excellent behaviour)

1	2	3	4	5	6	7	8	9	10
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Pupil Happiness (please indicate, where 1 is very unhappy in school and 10 is very happy in school)

1	2	3	4	5	6	7	8	9	10
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Staff confidence (please indicate, where 1 very little confidence in supporting the child and 10 is complete confidence in how to support the child)

1	2	3	4	5	6	7	8	9	10
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