

# Schools Working Together

## Ysgol Pen Coch Outreach service



Requests should be sent to: Schools' Outreach Service,  
Ysgol Pen Coch, Prince of Wales Avenue, Flint, Flintshire, CH6 5DL  
Tel : 01352 792730  
Email: [Dowridgeb@hwmail.net](mailto:Dowridgeb@hwmail.net)  
[shawd1@hwmail.net](mailto:shawd1@hwmail.net)



**NB** If sent by email a signed hard copy must also be provided.

- *Please also note there will be a £125 fee for outreach support which includes an initial visit, report, advice, strategies to be used and resources if needed.*

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Outreach support will be considered in respect of pupils whose needs are **complex**, as described in the Schools' Outreach Service Protocol.

### REQUEST FOR OUTREACH SUPPORT

For completion by schools/settings in agreement with parent(s)/carer(s).

Pupil's Name \_\_\_\_\_ DoB \_\_\_\_\_

School/Setting \_\_\_\_\_

Start Date \_\_\_\_\_ Current Year Group \_\_\_\_\_

SENCO/Named Person \_\_\_\_\_ Signed: \_\_\_\_\_

Contact Email \_\_\_\_\_ Tel \_\_\_\_\_

Name of Parent(s)/Carer(s) \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Tel \_\_\_\_\_

Current support is via: a Statement  school-based funding  Other\*   
*(tick as appropriate)*

\* Please give details \_\_\_\_\_

This request is being made on the grounds of complex needs in the following area(s):

Severe Cognition and Learning\*\*  Sensory/Physical

Communication and Interaction  Medical

Emotional, Behavioural and Social  Autistic Spectrum Conditions

\*\* Whose level of need would meet criteria for placement in a special school.

Please provide current attainment levels. 

|         |         |       |
|---------|---------|-------|
| Reading | Writing | Maths |
|---------|---------|-------|

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Please attach additional information / relevant evidence to support the request, eg, Statement of SEN, EP/Medical reports, IEPs, etc.

**FOR COMPLETION BY THE OUTREACH SERVICE**

|          |  |              |  |             |  |
|----------|--|--------------|--|-------------|--|
| Received |  | Acknowledged |  | Referred to |  |
|----------|--|--------------|--|-------------|--|

|                        |
|------------------------|
| Additional information |
|                        |

What other additional strategies / resources have been provided? *(tick as appropriate)*

|                                       |                          |   |                      |                          |
|---------------------------------------|--------------------------|---|----------------------|--------------------------|
| Support staff / time allocation       | <input type="checkbox"/> | / | <input type="text"/> | (amount)                 |
| Building adaptations                  | <input type="checkbox"/> |   | Curriculum resources | <input type="checkbox"/> |
| Outreach training for school staff*** | <input type="checkbox"/> |   | Specialist equipment | <input type="checkbox"/> |
| Other ****                            | <input type="checkbox"/> |   |                      |                          |

\*\*\* Please give details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\* Please give details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|   |
|---|
| How do you envisage that the Outreach Service can support you in meeting the pupil's needs? |
|   |

Referral recommended by \_\_\_\_\_  
 Designation \_\_\_\_\_

**PARENTAL PERMISSION MUST BE OBTAINED PRIOR TO INITIAL REFERRAL**

*I agree to my child's information being shared with the Outreach Service so that appropriate support can be provided for school staff.*

Signed: Parent/Carer \_\_\_\_\_ Date \_\_\_\_\_

*I understand that initial input from the Outreach Service will usually be for a period of up to 8 sessions and confirm that staff will be available for liaison with the Outreach Worker and will attend training as detailed in the Provision Agreement.*

Signed: Headteacher \_\_\_\_\_ Date \_\_\_\_\_