A black background with orange and blue text

Description automatically generated

**South Somerset Partnership School**

**Outreach support request form**

Use this form to request support from our SEMH Outreach teacher or for a Thrive Profile, Action Plan and review for Individual Students

CONFIDENTIAL

Please ensure you have consent from parent/carer,

or for a child in care, consent from the

assigned social worker, before submitting this request.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PUPIL Information** | | | | | | **PROVISION Information** | | |
| **Name of pupil:** |  | | | | | Name of provision: | |  |
| Date of Birth: |  | | NC Year: |  | | Date of Referral: | |  |
| Is the pupil currently supported on the SEND register? |  | | | | | Is the pupil supported by any other support agencies? | |  |
| Does the pupil have an EHCP? |  | | | | | Is the pupil on a Part Time timetable? | |  |
| Are there any current or historical safeguarding concerns? |  | | | | | Have you previously discussed this with the SEMH Outreach Teacher | |  |
| Has the pupil received any suspensions? |  | | | | | How confident does your school currently feel in meeting this pupil’s needs? (1 – lowest/10 – highest) | | Choose an item. |
| **By completing this request for support, I can confirm that consent has been obtained from the parent/carer** | | | | | | | | |
| **Name of person giving consent:** | |  | | | **Relationship to child:** | |  | |
| **Name of person making this referral and role:** | |  | | | **Contact details for referrer:** | |  | |

**Progress - compared against the expected levels for their age (please tick):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **English** | **Maths** | **Practical** | **Social Skills** |
| BELOW the expected level |  |  |  |  |
| TOWARDS the expected level |  |  |  |  |
| WITHIN the expected level |  |  |  |  |
| BEYOND the expected level |  |  |  |  |

**Identified needs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Speech and Language |  | | Medical condition |  |
| Social Communication |  | | Sensory (VI or HI) |  |
| Specific Learning Need e.g. Dyslexia | |  | Attendance |  |
| ASD (NDP referral) |  | | ASD (diagnosis) |  |
| ADHD |  | | Other |  |

|  |  |
| --- | --- |
| **Current Provision:**  Please ensure you have considered a graduated response |  |
| **Area of concern:** |  |
| **What outcome(s) would you like support to work towards for this pupil?**  Please be specific with the targets |  |

|  |  |
| --- | --- |
| If you need help or are not sure whether to make a request for support | Call the main office 01935 410793 |
| Return completed forms to | [office@ssps.org.uk](mailto:office@ssps.org.uk) |
| What happens next? | Referrals are regularly reviewed and you will be contacted by the outreach team to arrange next steps. |
| Data Sharing (GDPR) Personal data provided will only be disclosed to outreach team members supporting the pupil. Please contact us if you have any queries regarding personal data held by SSPS. | |

A person holding a hand

Description automatically generated with medium confidence

**FOR THRIVE PROFILE please ensure the following information is shared with the parent**

We know that children learn best in school when they are happy and settled. At South Somerset Partnership School we work in partnership with schools in the South Somerset area to use the Thrive Approach to helps us develop all our children’s emotional and social well being. Thrive helps us check children’s readiness to learn, to identify gaps and then to make specific action plans to meet them.

We use an Online Software tool called Thrive Online. Your child’s school has requested a profile to be completed for your child so that an individual action plan can be developed. For reasons of data protection we are requesting your consent to do this. We would welcome your involvement in this process. If you wish we can also provide some suggestions for activities that you could do at home.

|  |  |  |  |
| --- | --- | --- | --- |
| I agree for a THRIVE assessment to be undertaken  I agree that information gathered in the THRIVE assessment and action plan may be shared with other adults and agencies supporting my child.  I understand that information gathered in the THRIVE assessment will be stored in secure computer systems and anonymous statistical information will be created | | | |
| Name of person giving consent: |  | Relationship to child: |  |