**Speech, Language and Communication Needs (SLCN) Outreach**

**- Request for Support for Professionals working with an Individual Child or Group.**

**The School.**

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| Date of request:  If SLCN outreach recommended, by whom? | Name and address of school requesting support  (inc. postcode): |
| Name and details of school contact (inc. telephone number, email and role in school): | When is the best time and method of contacting you? |

**The Child.**

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| --- | --- |
| Name of child: | Date of birth: |
| Key stage: | Year group: |
| Agencies involved with the child in the past (if any): | Agencies involved with the child at the present time (if any): |
| Speech therapist involvement ( names, dates & locations if any): | Has the child been referred for a place at a Specialist Resource Base? (If so, which one and what was the outcome?) |
| Stage of SEN support: ( Additional School Support, EHCP/Statement, etc) |  |
| Please give details regarding the child’s individual SLCN needs: | |
| Please give details regarding any other learning needs that the child may be experiencing: | |
| Please list any in-school support the child has received in the past or is currently in place to help support the child with his/her language and communication needs. How successful has it been? | |
| Outline the kind of support (for the child or teacher) that you feel would be of benefit: | |
| What are the outcomes you hope for? | |
| Please list any other relevant information (inc. any medical, physical, social or emotional needs): | |

***Before submitting this request by post to Tracey Woods, Hall School, St Faith’s Rd., Old Catton, Norwich, NR6 7AD or e-mailing to*** [***twoods@hall.norfolk.sch.uk***](mailto:twoods@hall.norfolk.sch.uk) ***please***

* *A*ttach copies of any SLCN targets and/or recent Speech Therapy Intervention Plans for the child.
* Discuss this request with the child’s parent/carer.