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

**- Request for School Support.**

**School Contact Details.**

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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? |

**Request for School SLCN Support.**

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| Who requires support? (whole school, a \*group of professionals within school, teaching assistant, classteacher). \* If a group, please state who/how many the group comprises of. | Key stage/Year group. |
| Level of knowledge/expertise. |
| Please outline your school’s current needs and the kind of support you may require. | |
| What has the school already put in place to address these needs? | |
| What are the desired outcomes of the outreach support requested? | |
| Any other relevant information. | |

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