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**The Birches Specialist Support**

**Primary School**

*“Working Together, Achieving Together”*

**The Birches Outreach Support Service**

**Staff Support Referral Form**

**GDPR 2018**

The information requested on this form is required for the purpose of referring the above staff member/pupil to this service.

The information provided by you may be disclosed to other professionals working with this pupil for educational purposes.

Please return this form for the attention of Angela Lucy at: outreach@thebirchesschool.org

We aim to acknowledge this referral within 7 days of receipt. Please note that we work term time only.

An evaluation on our services is required within 3 weeks of completion.

Received: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Details of school requesting outreach support:** |
| **School Name:** |
| **Address:** |
| **Tel:** | **Fax:** | **Email:** |
| **Headteacher:** | **SENCo:** |

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| **Staff Details** |
| **Name/s:** | **Designation:** |
| **Year group:** |

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| --- | --- |
| **Areas of interest :**  | **Communication Behaviour Autism Learning Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

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| **Have you accessed any training in working with children with SEND?** If so which training and when? |
| **Please give us some brief information about the child/children you are working with:** |
| **Please tell us what you want to achieve with our help:** |

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|  **How will you use what you have learned to build capacity within your school?** |

Name of person completing the form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position of person completing the form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Birches Specialist Support Primary School

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Tel: 0161 448 8895

outreach@thebirchesschool.org



