Waverley School



Our vision



Outreach Team

Please return this form for the attention of Lorraine Bennett (I.bennett@waverley-sch.co.uk). We aim to acknowledge this referral within 7 days of receipt. Please note that we work term time only. Please ensure that permission from the parent/carer has been obtained for this referral.

Data Protection Act 1998

The information requested on this form is required for the purpose of referring the pupil to this service. The information provided by you may be disclosed to other professionals working with this pupil for educational purpose.

An evaluation on our services is required within 3 weeks of completion as part of the Service Level Agreement.

1. Details of person making referral
Name:
Position:
Phone number:
Date of referral:
2. School details
School:
Headteacher:
Class teacher (if relevant):
SENCO:

3. Support requested fo	3. Support requested for: (please tick as relevant)				
Individual child					
Provision/activity					
Staff training					
4. Individual child					
Child's name:	Date of	birth:			
Home Address:					
Parent (s) or person responsible:					
Address if different from above:					
Have parents/carers been informed about this referral? YES/NO					
Are parents/carers in agreement with this referral? YES/NO					
I,					
Signed: P	arent/Carer	Date:			
-	·				
5. Other Professionals in	·	ne child			
5. Other Professionals in	·				
5. Other Professionals in Educational Psychologist	·	ne child			
5. Other Professionals in Educational Psychologist Physiotherapist	nvolved with th	ne child			
5. Other Professionals in Educational Psychologist Physiotherapist Speech and Language Therap	nvolved with th	ne child			
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5. Other Professionals in Educational Psychologist Physiotherapist Speech and Language Therap Occupational Therapist CAMHS Dietician Other	ist to make sure the any other school	Name hat other professionals are made aware of this referral ool or service? YES/NO			
5. Other Professionals in Educational Psychologist Physiotherapist Speech and Language Therap Occupational Therapist CAMHS Dietician Other NB – it is your responsibility Has the child been referred to	ist to make sure the any other school what was the	Name hat other professionals are made aware of this referral ool or service? YES/NO			

6. December of a referring individual shild					
6. Reasons for referring individual child					
Please give a brief description of the main areas of	CONC	eni.			
7. Provision/activity					
Please give a brief description of the main activities		would like advice on for example – sons	ory ways of		
working, layout of classroom:	you	would like advice oil, for example – sens	ory ways or		
working, layout or classroom.					
8. Training requested for: (please tick as relev	(ant)				
Manual Handling and Risk assessments	antj				
Curriculum Access and training strategies					
Communication – PECS, PODD, Makaton, Intensive	Into	raction			
ICT	iiitei	action			
Behaviour support SRE and PSHE					
Intimate care, Hygiene and Toilet training					
9. Details of Training required					
Is it specific to a pupil?					
Is it specific to your environment?					
How many staff require training?					
10. Details of our support packages					
		it from Outreach team, Report written an	id		
		egies/other services recommended	1.6.6.11		
		it from Outreach team, Report written an	d 1 follow up		
	visit per term				
		it from Outreach team, Report written an	•		
		lar visits (up to 6 visits) including training	package and		
	reso	uces as required			
Charges:					
School Visits/support	I				
Local Authority funded schools		Free			
Academies, Free Schools and private settings		£80 per hour (+£80 per pupil report)			
		INSET cost on request			
Please return to:					
Lorraine Bennett					
Waverley School, 105 The Ride, Enfield, EN3 7DL					
020 8805 1858					
l.bennett@waverlev-school.com					

SERVICE LEVEL AGREEMENT:

Commitment from Waverley School Outreach Team:

- We will work together as part of a multi-agency team
- We will contact you within 10 working days of the initial referral to establish together how we can best support your school and staff
- We will jointly agree what support is necessary; discuss roles and responsibilities and timescales
- We will put the identified support/ training in place via discussions, visits, suggested next steps, invitations to Waverley and possible CPD options for all staff to build capacity.
- Create routes for regular communication via email and telephone
 If it is felt that the referral does not fall within the remit of the Outreach Tam service, the coordinator will give clear reasons and endeavor to ensure that the request is passed on to the most suitable agency.

Commitment from mainstream school:

- On our first visit you will ensure the LSA/Teacher/SENCo is available for discussion and for subsequent visits if appropriate
- That you will work together as part of a multi-agency team
- To build capacity within the mainstream school to support the needs of all pupils with SEN
- To implement appropriate strategies and support within the mainstream school recommended by Waverley Outreach Team
- To provide Waverley outreach team with current information: IEP, Statement or SEN support details, end of year reports and any further assessments undertaken by other agencies
- To ensure parents are informed of Waverley Outreach team's involvement with the child
- Complete evaluations and provide evidence of Waverley Outreach team's input to support further development of the outreach service

Waverley Outreach Team:	Date:
School::	Date:

Signed: