

BOOST Outreach Request Form

SEND and EHCP Support

Please note: if you are requesting Universal Support please email your request stating the support you are looking for, e.g. training, staff coaching etc, along with your contact details.

Student's First Name		Student's Surname	
DOB		Gender	
Year group			
Family or Carers contact		Relationship	
Attendance %		Previous School	
Fixed Term Exclusion?	Y/N	Date student began at current school	
LAC?	Y/N	EAL?	Y/N

School Name			
Contact Name and Telephone		Telephone	
Date of Request			
Name of LA SEND Casework Officer			

Stage/Identified Need:

Stage of the Code of Practice: SEN Support EHCP Plan

Please indicate student's needs: (may be more than one)

- | | |
|---|--|
| <input type="checkbox"/> Communication & Interaction | <input type="checkbox"/> Sensory and/or physical |
| <input type="checkbox"/> Social Emotional & Mental Health | <input type="checkbox"/> Cognition & Learning |

External Agency Involvement:

Please indicate student's involvement with other agencies and ensure that any reports from specialist services are attached:

<input type="checkbox"/> Early Help Assessment	<input type="checkbox"/> Educational Psychological Service	<input type="checkbox"/> CAMHs
<input type="checkbox"/> Children's social care	<input type="checkbox"/> Hearing & Support Service	<input type="checkbox"/> SALT
<input type="checkbox"/> Child in Need plan	<input type="checkbox"/> Other Outreach	<input type="checkbox"/> Vision Support Service
<input type="checkbox"/> Child Protection plan	<input type="checkbox"/> OT / Physio Services	<input type="checkbox"/> Youth Offending Team
<input type="checkbox"/> Children & Families Services	<input type="checkbox"/> Portage	<input type="checkbox"/> School Health/ Nurse
<input type="checkbox"/> Children in Care: Virtual School	<input type="checkbox"/> Alternative Provision	<input type="checkbox"/> Other:

Areas of Motivation and Interest

Interests and hobbies	
Specific talents	
General dislikes	
Typical social approach	

Any medical diagnoses:

Any other useful background information:

Learning Profile and Outcome:

Please complete table to record attainment using the Age-Related Expectations and or Teacher Assessment. If it's an EYFS referral, please attach Early Learning Goals profile.

KS1		KS2		KS3	
Reading		Reading		Reading	
Writing		Writing		Writing	
Maths		Maths		Maths	

Evidence of Graduated Response / Reasonable Adjustment up to this point				
Level	What was the support?	How frequent was this support?	Who provided this support?	What was the impact of this support?
Whole Class				
Small Group				
Individual				

Briefly summarise your reasons for requesting the involvement of Outreach Services, the areas of concern and how many hours support you think you require:

Outcomes

These are the outcomes we would like to see as a result of BOOST Support:	1.
	2.
	3.

Please list in order of priority, and complete at least 2

Which provider do you require:

- Tregonwell (SEMH)
 Linwood (ASC/SLCN)
 Unsure

(The outreach service have regular triage meetings to match the outcome / need to the Provider: following the BOOST Triage Meeting, you will be contacted by the most appropriate provider)

Please score where appropriate below:	Unlikely	Possible	Probable	Likely
Likelihood of student becoming permanently excluded				
Likelihood of applying for an EHCP				
Likelihood of requesting a Specialist Provision				

Parent/Carer Views:

Please confirm by checking this box that you have written consent from the parent/carer to involve the Outreach Service (this is required before the request can be considered)

Other supporting documentation to attach as appropriate:

Annual Review Summary	<input type="checkbox"/>	
IEP	<input type="checkbox"/>	
SALT Report	<input type="checkbox"/>	
Behaviour Log	<input type="checkbox"/>	
Incident Log	<input type="checkbox"/>	
My Story	<input type="checkbox"/>	
EP Report / Recommendations	<input type="checkbox"/>	
Attendance Log	<input type="checkbox"/>	
Fixed Term Exclusions Log	<input type="checkbox"/>	
Historic Permanent Exclusions	<input type="checkbox"/>	
Care Plan	<input type="checkbox"/>	

Please return to the appropriate outreach department:

Tregonwell: outreach@tregonwell.co.uk or Linwood: outreach@linwood.bournemouth.sch.uk

GDPR: The personal information (data) collected on this form and on the attachments, (which includes the collection of sensitive personal data) is collected for the purpose of administration and monitoring. Unless you direct otherwise (for example if you would like the application kept on file for future support) the application forms (and attachments) will be destroyed 24 months from close of involvement. It is Linwood School & Tregonwell Academy policy to protect and keep secure, all personal data collected.

Completed by (School representative):

Role within School:

Signature: _____

Date: