



O Outreach T eam

Parental Consent

Child's name

I give my permission for the above named child to be assessed and supported by the Outreach Service provide by Hebden Green School.

Parents / Carers Name and Address

Contact number/s

Email

Parents/Carer's Signature

Date

I also give my permission for the Outreach Service to contact any other agency involved with the above named child.

Parents/Carer's Signature

Date

Hebden Green Community School Woodford Lane West Winsford Cheshire CW7 4EJ

Telephone: 01606 594221 Fax: 01606 595370

email: admin@hebdengreen.cheshire.sch.uk www.hebdengreen.cheshire.sch.uk



O Outreach T Team

Pupil Referral

Child's Name:	
Age, DOB & Year Group	
Setting: Staff Contact: Phone: Email:	
Please describe the child's general ability level:	
Other services involved with the child and contact information:	
SEN Stage:	
TAF Stage:	
Medical History (if appropriate)	
Reason for referral:	
What support do you feel would be helpful:	

List of support we provide:	Visual/Hearing Impairment Perceptual and fine motor skills Support for transition to new settings Language and Communication Difficulties Behaviour Strategies Differentiation within the Classroom Orientation, Movement and Mobility Conceptual Development Family and Toddler Group Parent Support Group Inreach Sessions for Staff and Pupils
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