**Autism Outreach Service**

**Request for support form**

Please use this form to request individual support for a child/young person from the Autism Outreach Service and return to email address for school in your area. Please ensure the consent section has been signed by a parent/carer and also send the child’s diagnosis letter or confirmation of being on an ND pathway.

Please note that the outreach service cannot be used as a means for getting a place at special school and its purpose is to support mainstream schools to maintain the current placement.

**Please ensure a copy of the child or young person’s One Plan is sent with a copy of this request.**

1. **Pupil Details**

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  |
| Address: |  |
| Gender/ Identity: |  |
| Ethnicity: |  |
| Date or Diagnosis or Date of Referral by GP: |  |
| Academic Year Group: |  |
| Current attendance (%): |  |
| Is the child on a reduced timetable? |  |
| If yes – please give details of days/times in school: |  |

**2. Parent/Carer Details:**

|  |  |
| --- | --- |
| Name of parent/carer & relationship: |  |
| Telephone number for parent/carer: |  |
| Email address for parent/carer: |  |
| Address of parent/carer if different from above: |  |

**3. School Details**

|  |  |
| --- | --- |
| School name and address: |  |
| Name of Referrer: |  |
| Role of Referrer: |  |
| Direct contact details (phone/email) |  |
| Name of link SEND Inclusion Partner and email/phone number |  |
| Has this request been discussed with your SEND Inclusion Partner? |  |
| What involvement has the SEND Inclusion Partner had to date? |  |
| Please indicate how you are implementing the Ordinarily Available to support this pupil. |  |
| Please indicate whether this pupil is currently being assessed using the AET Autism Progression Framework. |  |

**4. Reason for Request**

ECC Panel Outcome (go to Section 6) [please tick]

Date of Panel Outcome Letter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct School Request (complete section 5) [please tick]

**5. For direct school requests *ONLY* please outline the reasons for your request, what you would like support with, what has already been tried and the impact of this.**

**6. Please indicate your desired outcomes**

**Consent**

Dear Parent/Carer

Your child’s school would like the Autism Outreach Service to be involved in helping your child. Staff will have spoken with you about how they think this will help to support your child. If you have any further questions or concerns, please talk with your child’s teacher or SENCo before signing this consent form. The school should already have completed the request form above and can help you to complete this section. To give your permission for involvement, please check this is correct; fill in the form below and return it to your child’s teacher or SENCo.

Thank you, The Essex Autism Strategy Team

**Parent/Carer Consent**

Parents/Carers: please check the information above is accurate. Complete this section if you are happy for The Autism Outreach Service to be involved with your child.

|  |  |
| --- | --- |
| I confirm that:   * The school has explained why they want to involve the Outreach Service; * The information in this form is accurate; * I give permission for the Outreach Service to gather information regarding my child, which may include observation and use of assessments appropriate for their needs; | Yes / No |
| * I give permission for any reports written by the outreach Service to be shared with other professionals involved with my child. | Yes / No |
| * The Autism Outreach Service works closely with the Essex Special Schools Education Trust (ESSET) who also offer outreach support. In some circumstances, for autistic children with additional learning needs, the ESSET support offer may be more appropriate for the child and staff supporting them. If this is considered the case for my child, I give permission for this referral to be passed to the ESSET Outreach Service for consideration. | Yes / No |
| I am happy for the Autism Strategy Team to contact me again at a later date to gain feedback about the service I was given. | Yes / No |

**Data Protection**

The personal information collected by Essex County Council will only be used for the purposes of providing education support, will be held securely and retained only for as long as is necessary. For full details on how we use personal information please go to: <http://www.essex.gov.uk/privacy> or you can contact [DPO@essex.gov.uk](mailto:DPO@essex.gov.uk) to request a copy

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Carer Name: |  | Relationship to child: |  |
| Signed: |  | Date: |  |