**Autism Outreach Service**

**Request for Whole School, Cohort, or Class Support**

**1. 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? |  |

**2. Reason for Request**

[ ] Coaching around a specific intervention

[ ] Learning Environment

[ ] Assessment and Planning

[ ] Other – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Please provide some context for your request – what support are you requesting and why is this needed? What have you tried already and what was the impact of this?**

**4. Please indicate your desired outcomes**

*Please note that this request form is for whole school/cohort/class strategic work only and individual child or children work will not be agreed without parental consent. For work with an individual or individuals, please complete the individual request for support form*.