



Physical Disability Outreach Support Team



Request for PD Outreach Support Team Involvement

Child's Details:		Setting Details:	
Surname		Name	
Forename(s)		Manager/Head	
Date of Birth		Email	
Gender		SENCo name	
Names of parents/carers		Address	
Address			
Tel No.		Tel No.	

What is the nature of the child's physical/motor difficulties? E.g. Cerebral Palsy, Spina Bifida
 Are there other difficulties? E.g. global delay, learning and communication needs:

What are the main areas of concern?

- | | |
|-----------------------|-------------------|
| Mobility/Access | ICT |
| Gross Motor Skills | Perceptual Skills |
| Self Help Skills | Handwriting |
| Organisational Skills | Fine Motor Skills |
| Other | |

Please tick the pupil's status regarding the SEN Code of Practice

- Graduated response
- EHCP Requested
- EHCP Commenced
- Statement/EHCP

Review Date _____

Is the pupil looked after? Yes No



Physical Disability Outreach Support Team



Involvement of other agencies (Please give names if known)

Educational Psychologist _____ Occupational Therapist _____

Physiotherapist _____ Speech & Language Therapist _____

Other specialist teaching teams e.g. VI, LST _____ Other (Please state): _____

Please provide evidence of school action prior to the request

eg. Individual programme, group programme

School/Voluntary support

Teaching assistant support

Please comment on child's:

Motivation

Self-Image

Attitude to work

Concentration

Relationship with peers

Other background information

Please attach copies of the following reports:

- Pupils current IEP
- Most recent reports
- Sample of pupil's unaided writing

As Parent/Carer I give permission for this request for support and for information to be shared amongst relevant professionals.

Name (Parent/Carer): _____ Signature (Parent/Carer): _____

Date of referral (School): _____