

REQUEST FOR OUTREACH SUPPORT

For completion in agreement with parent(s)/carer(s)

Section A: School Contact Information

Name of Contact:	
Position in School:	
Name of School:	
Address:	
Telephone:	
E-mail:	

Section B: Student Details

Name of Student:			
Date of Birth:			
Current school year group:			
ASC diagnosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other agencies involved			
Additional support plan in place	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Support required in specific areas	Cognition and Learning <input type="checkbox"/>	Autism <input type="checkbox"/>	
	Communication and Interaction <input type="checkbox"/>	Sensory Difficulties <input type="checkbox"/>	
	Physical Difficulties <input type="checkbox"/>		
Any additional information			

Section C: Outcomes

What main outcomes do you want to achieve for your pupil with support from EPS Outreach Service?

Section D: Parental Consent

I agree to my child's information being shared within the EPS Outreach Service, so that appropriate support can be provided for school staff.

Signed:		Date:	
Name:			

Why we collect and use this information? We use this information to enable us to carry out specific functions for which we are responsible and to support your pupil's additional needs. We collect and use pupil information under Articles 6 (consent) and 9 (explicit consent) of the GDPR (General Data Protection Regulation).