



**Southend Local Authority Outreach Support Request for
Support/Advice for Pupils
with Speech and Language Difficulties**



Name and email of referring school:

Name of Pupil:

D.O.B.

Year Group/Age:

SEN Code of Practice Stage: SEND Support EHC (assessment underway) EHC (In place)

Which of the following areas are you most concerned about:

Speech articulation/fluency/clarity

Language receptive/expressive/conceptual/vocabulary/grammar/following instructions

Listening/Attention skills

Memory

Please expand on reason for referral (either pupil related, as above, or linked to a specific training need). Provide as much relevant information as possible:

Current Attainment Levels for English and Maths or EYFS (Prime Areas):

What is being requested (please state objectives of support):

How do you intend to monitor impact of this support?

Senior member of staff for the Outreach Specialist to report to:

Contact telephone number:

Signature: _____ Date: _____

Headteacher of requesting school

NB Agreement from the pupil's parent/carer must be sought before a referral can be made

NB A review of the work/advice/support should be completed and returned

Please return to (by secure password protected process): Debbie Neale & Natalie Fisher

Email: SLCN@fairways.southend.sch.uk