



**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](mailto:SLCN@fairways.southend.sch.uk)*