



# **Request for Rowan Gate Outreach 2023/24**

PRIMARY SCHOOL

| Referring School:   | Yes/No Please note we require a scanned copy | Contact email:          |                 |  |
|---|--|-------------------------|-----------------|--|
| Child Name:   | DoB:   | NC Yr:                  | Referral Date:  |  |
| EHA/CIN/CP/LAC: (please highlight)  | EHLF/RSA/NRSA/EHO<br>(please highlight)      | CP Male/Female/Other    |                 |  |
| Other Agencies: Please attach copies of relevant reports and EHCP if in place   |  | t Medication:           | Medication:     |  |
|   |  |                         |                 |  |
| Does the child speak English as an additional language? (Yes/No)  |  |                         |                 |  |
| How would you describe the child's ethnic origin?   |  |                         |                 |  |
| Current Developmental Levels i.e. current stage of development or academic year they are working within/EYFS stage of development matters. Please provide additional details 'below' or 'OY is not sufficient |  |                         |                 |  |
| Reading   |  | Writing                 |                 |  |
| Maths   |  | PSHE                    |                 |  |
|   |  |                         |                 |  |
| Reason for Request - \  | What are your concerns?                      | What support are you ho | ping to access? |  |

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| What have you tried already? Please bullet point list interventions and strategies in place. Please      |
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| attach a copy of the child's Individual Learning/Education Plan  |
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| Parent's view  |
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| Child's views – please include the child's motivations and interests. If the referral is linked to phase |
| transfer please include the child's preferred school   |
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| Please return to outreach@rowangate.northants.sch.uk   |
| Fiease retain to outreacherowangate.northants.scn.uk   |
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### **Request for Rowan Gate Outreach 2023/24**

### **Request for Rowan Gate Outreach Support**

#### Criteria for referral:

Before a request is considered it is anticipated that the referring school will:

- Have made extensive efforts to engage parents/carers in supporting children's learning and inclusion
- Have some evidence of an individualised targeted and differentiated approach
- Provide additional support from within the school's own resources

Referring schools should be committed to working alongside staff from Rowan Gate Outreach Service to consider how they can develop their capacity to support pupils with difficulties associated with the Autistic Spectrum or with difficulties with their cognition and learning

### When making a referral for Rowan Gate Outreach Support:

- We will acknowledge receipt of your referral within 2 working days.
- A member of the Outreach Team will contact you to identify a time slot to respond to your request.

#### What we do:

- Following a request for support the Outreach Team will contact the school to discuss next steps
- We will then visit the school, meet with staff to gather additional information and carry out an observation
- Once information has been gathered the Outreach Team will make recommendations based on the observation and where appropriate, provide practical support and resources
- Following the initial visit/s a maintenance visit will be arranged to discuss progress and provide additional support if required