**Support Referral**

NORTH RIDGE HIGH SCHOOL

OUTREACH SUPPORT TEAM

**School information**

|  |  |
| --- | --- |
| School |  |

|  |  |
| --- | --- |
| Name and Role in school |  |

|  |  |
| --- | --- |
| Email address |  |

**Pupil Information**

|  |  |
| --- | --- |
| Do you have parental permission to get support from NRHS | YES/NO |

|  |  |
| --- | --- |
| Pupil Name |  |

|  |  |
| --- | --- |
| Date of Birth |  |

|  |  |
| --- | --- |
| Ethnicity |  |

|  |  |
| --- | --- |
| School Year |  |

|  |  |
| --- | --- |
| Average Learning Level (approx.) |  |

|  |  |
| --- | --- |
| Primary need (if applicable) |  |

|  |  |
| --- | --- |
| Ongoing support (CAMHS, OT, SALT, physio) |  |

|  |  |
| --- | --- |
| EHCP (delete as applicable) | YES/NO |

**Reason for Request (please be specific)**

**Typical school day (please be specific)**

**e.g. Full day, half day, follows standard timetable, has own timetable, lunch/break activities, change of teachers etc.**

**What strategies & support are being/have been used? (Please be specific)**

***e.g. structured timetable, now and next boards, reward chart, traffic lights, social stories, 1:1, hub use etc.***

**Social and Emotional support**

|  |  |
| --- | --- |
| Can work in a group independently | YES/NO |

|  |  |
| --- | --- |
| Interacts with other pupils appropriately | YES/NO |

|  |  |
| --- | --- |
| Understands the feelings of others | YES/NO |

|  |  |
| --- | --- |
| Understands own emotions | YES/NO |

***Add further details to outline social and emotional needs***

**What outcomes are you hoping for from our support? (Please be specific)**

Please return this form to:

w.errock@northridge.manchester.sch.uk

We look forward to supporting your school