*Greenwood Outreach is a short-term targeted intervention, usually between 6-8 weeks.*

*The purpose of the intervention is to provide referring schools with support for a specific student within an identified area. The focus is a joint partnership approach between the school, the young person and Greenwood, and is based around a Solution Focused intervention.*

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| Student Name |  | DOB |  |
| Mainstream School |  | Year Group |  |

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| --- | --- | --- | --- |
| Parent/ Carer Name |  | | |
| Address |  | | |
| Home Phone |  | Mobile |  |
| Parent / carer agreed |  | Date |  |

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| Reason for referral.  Detailed Background Including any Education, Social or Medical information |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Area of need | | | | | | | | |
|  | | | | | | | |  |
| 1:1 outreach intervention Package (Please select) | | | | Group outreach Intervention Package (Please Select) | | | | |
| Resilience |  | Self Esteem |  | Social Skills |  | Team Building |  | |
| Self-Regulation |  | Social Skills |  | Vaping |  | Online Safety |  | |
| Other |  |  |  | Other |  |  |  | |

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| Please provide further details of chosen outreach intervention/s required |
| For example:  1:1 package - Will your young person require a range of outreach support?  Group package – Allows outreach to be delivered to those young people identified as needing support in a specific area of need.  you identified young people at risk or that would benefit from outreach input? |

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| Strategies previously used in school and other agencies currently or previously involved |
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| Core Staff Team Identified: This should be at least 2 key members of staff (1 ideally from SLT or HOY) who are able to meet and agree implementation of strategies as the intervention progresses | |
| Name:  Role: |  |
| Name:  Role: |  |

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| Would you like any staff training connected to this referral? |
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| EHCP considered: |
| Reasons for answer: |

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| Referral to Early Help Hub: |
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| --- | --- | --- | --- |
| Completed by: |  | Position: |  |
| Phone Number: |  | Email: |  |

|  |  |
| --- | --- |
| Initial Visit date – This is to be attended by student and identified key adult: |  |
| Mid Review Date and Time: |  |
| Final Review Date and Time: |  |

|  |  |
| --- | --- |
| Mid Review Outcomes: |  |
| Final Review Outcomes: |  |