

**Fox Wood School Outreach Service**

Holes Lane, Warrington, WA1 4LS Tel: 01925 811534

Please complete this referral form and email it to our specialist Outreach Team at Fox Wood School, via [Foxwood\_School\_Deputy@sch.warrington.gov.uk](mailto:Foxwood_School_Deputy@sch.warrington.gov.uk) After your referral is received, arrangements will be made to make an initial observational visit to your setting.

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| Pupil Name: | DOB: |
| School: | Year Group: |
| SENCO: | Telephone Number: |
| Contact Email: | |
| Referrer: | Designation: |
| Name of Parent (s) / Carer (s): | |
| The request is being made on the grounds of complex needs in the following area (s):  Severe Cognition and Learning 🞏 Communication and Interaction 🞏 Behaviour 🞏  Sensory/Physical 🞏 Social, Emotional and Mental Health 🞏 ASD 🞏 PMLD 🞏 | |
| Please provide current attainment levels: | |
| Reading: | Writing: |
| Speaking and Listening: | Number: |
| Other service involvement (e.g. SaLT, OT): | |
| Additional Information: | |
| What support do you require in order to meet the pupil’s needs? | |

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| For school use: | | | | | |
| Received: |  | Acknowledged: |  | Referred to: |  |