

**ASN Outreach Support**

***Cover Sheet***

**Child**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name:  |  |  |  |  | Date of Birth:  |   |
| Address:  |   |  |  |  |
| School:  |   |  |  |  | Year Group:  |   |
| Is this child looked after?  | Yes  |   | No  |   |   |   |
| Local Authority:  | Falkirk  |  |   | Other:  |   |

**Type of Support**

Please tick the type of support requested:

🞏 Interrupted Learners Service (including Hospital Support)

🞏 Early Years

🞏 Gypsy/ Traveller

🞏 Specific Differences Team

🞏 ICT Support

For EAL please follow EAL pathway https://blogs.glowscotland.org.uk/fa/asnfalkirk/homepage/forms/

|  |  |
| --- | --- |
| **Agreed by** | **Name and details** |
| Parent/Carer  |  |
| Child/Young person  |  |
| School Practitioners |  |
| Educational Psychologist |  |
| Social Worker  |  |
| Others |  |

**Supporting paperwork submitted:**

If all the information is not presented this **will** delay the application being considered.

|  |  |
| --- | --- |
| Joint consideration of proposed placement (Form 6, Minutes)  |  |
| Joint planning and intervention by the Team Around the Child (Form 4, Action plan) This **must** contain a well-considered contingency plan |  |
| Joint assessment by the Team Around the Child: [name if additional document]  |   |
| Additional Views of parents and child (tick if additional document included):  |   |
| Other documents attached (please list):  |   |
| **FOR SPECIFIC DIFFERENCES: ASSESSMENT RECORD ONLY REQUIRED** |  |

**Parental/Carer Consent**

I have been given a copy of this form and agree with the recommendation.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_

**Child/Young Person’s Consent**

I have been given a copy of this form and agree with the recommendation *(for children with capacity).*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Person Submitting Request on behalf of Team Around the Child:**

|  |  |
| --- | --- |
| Name: |  |
| Designation: |  |
| Signature: |  |
| Date: |  |
| Contact details:  |  |

Please submit application to: IAS@falkirk.gov.uk