Please indicate which support you wish to access and complete the information below. For individual children; in the first instance an **Individual Pupil Support** would need to be completed and then if required, follow up advice surgery visits to Cribden House School at the hourly rate.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Individual Pupil Support  Observation; Meeting with relevant parties (school staff) &  written Report  £250 | | | Advice Surgery in Cribden House  1 hour session  (See menu of support for further info)  £65 | | | | Whole Staff bespoke Training  (by appointment/discussion with SLT at Cribden House) |
|  | | |  | | | |  |
| Date and time of Outreach:  **This is will be arranged by** telephone/ Email | | |  | | | | |
| *\** ***Prices apply until end of March 2018*** | | | | | | | |
| Your Name: |  | | | Designation: |  | | |
| School  (name & address): |  | | | | | | |
| Email Address: |  | | | | | | |
| Telephone number: |  | | | | | | |
| Head Name: |  | | | SENCo Name: | |  | |
| **For individual children, please complete below:** | | | | | | | |
| Child’s Name: |  | | | D.O.B: |  | | |
| Year Group: |  | | | Teacher: |  | | |
|  |  | | | | | | |
| Please give a brief description of the needs of the child *(Cognition and Learning Needs/Communication and Interaction Needs/Sensory and/or Physical Needs/Behavioural Needs):* ***If pupil has Statement indicate category of need.*** | |  | | | | | |
|  | | **Continued over** | | | | | |
|  | | | | | | | |
| What support do you wish Cribden House to provide on this occasion? | |  | | | | | |

|  |  |
| --- | --- |
| Any other information you feel relevant to the pupil/student: |  |

*Completed booking forms should be emailed to jclaxton@cribdenhouse.lancs.sch.uk or posted to Jenny Claxton, Cribden House School, Haslingden Road, Haslingden, Lancashire BB4 6RX.*