

Referral Form for Staff Training

Please complete and email this form to the person named above, or fill this in with the Outreach Teacher on their first visit

School Information

Name of school		Date of this referral	
Name of contact person			
Email & telephone number			
Headteacher		SENCO	

Staff training/ Workshop

What area of learning need(s) would you like to request additional training in?

Dyslexia (e.g. reading/writing)	Dyscalculia (maths)	ADHD
Behaviour/Emotional	Hearing/Visually impaired	Language & Communication
Down Syndrome	Sensory needs	Nurture Groups
Multi-sensory teaching	Parent trainings/workshops for children with LAN Please specify subject	Attachment Disorder
SEN Differentiation support	Inclusion advice/support	<i>Social skills</i>

Who will attend?

Teachers		Support staff		NQTs	
Senior leaders		Parents		Other: <i>please indicate</i>	



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Additional details for the training (e.g. location, time of day) will be worked out with a SIOS Team Member

Specific days or dates requested

Day of the week and time	
Specific dates if possible	
1 st choice	2 nd choice

Other Support

If there is any additional “bespoke” support you would like to request from SIOS, please let us know and we will do our best to support you with this:

What would you like to have gained as a result of Outreach Support in your school?

**An appointment will be scheduled via email or telephone call and must be confirmed within 7 days or the appointment time will be cancelled. Once on site, a key member of your school will need to allocate 30 minutes for discussions with the Outreach Teacher. By submitting this form, you are also agreeing to fill in and return an Evaluation at the end of the allocated support. We look forward to working with you!*

