



Support Request Form

Please complete with as much detail as possible

Child's name:

Class / Year group:

Reason for Request:

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Name: Relationship to Child:

Signed: Date:

Thank you for your referral. Please note that it could be up to 2 weeks until you hear back from us as to what support can be offered, including HSLW and ELSA. This is because new cases are reviewed and agreed with the Headteacher on a fortnightly basis.

For office use only:	
Date received:	Date reviewed:
Decision:	
Date communicated:	