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| A pink and yellow text on a black background  AI-generated content may be incorrect. | Cluster Support for a group or project  SETTING REQUEST FORM |

# PART 1: ABOUT THIS REQUEST

**Please do not use any children’s names and ensure that the anonymity of the child can be protected during the cluster meeting**

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| **School/setting name** |  |
| **Person making the request** |  |
| **Role** |  |

# Part 2: the current situation

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| **Summarise the current situation** |
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# Part 3: tHE GRADUATED APPROACH

**Please give details what you have already attempted**

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| **What have you tried so far? Provide details of existing strategies and interventions already put into place** |
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| **What has the impact been?** |
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| --- | --- | --- | --- |
|  | **External agency either currently or previously involved** | **Name of professional** | **Date of last involvement** |
|  | Educational professional |  |  |
|  | Behaviour specialist |  |  |
|  | Hearing impairment practitioner |  |  |
|  | Visual impairment practitioner |  |  |
|  | Education welfare |  |  |
|  | Educational Psychologist |  |  |
|  | CAMHS |  |  |
|  | Physiotherapist |  |  |
|  | Occupational Therapist |  |  |
|  | Speech and language therapy |  |  |
|  | Social care or early help worker |  |  |
| **Please describe how you have acted on the advice of all external specialists consulted and indicate what changes you made to the child or young person’s intervention plan as a result of receiving this advice.** | | | |
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# Part 4: OUTCOMES

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| **What support do you need?** |
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| **What do you hope to achieve?** | |
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| **How will you know this child will have been successful?** | |
| **Impact measure 1** |  |
| **Impact measure 2** |  |
| **Impact measure 3** |  |