



GOLDEN HILL INCLUSION SUPPORT TEAM (GHIST)

GHIST Request form 2026-2027 – Whole Class/Group Support

Whole class or group support: Class Name (if applicable)	Year Group: Name of Teacher: Name of TA:
School Name:	School Number:
School address:	
Name of referrer:	Contact number of referrer:
School Contact name: (If different from referrer)	Contact number:
Email:	
Date of Referral:	
Summary of class/group behaviour:	

Current support and strategies in place in the classroom.

Please include outcomes/impact and what is working well.

Identified individuals within the class/group and a brief summary of behaviours/dynamics:

What type of support are you requesting?

Do you require PHSE support for the whole class? Is there a target child/children? Do your staff require support and/or training?

What are you hoping to gain as a result of GHIST support in your setting?

Which areas of work would you like to focus on? E.g. self-esteem, emotional literacy, co-operation and relationships.

Please give details of any additional 'bespoke' support you would like and we will try to accommodate your request.

The support and hours needed along with any costs will be discussed and agreed with the school during the initial meeting.

Please email completed request to
ghist@goldenhill.lancs.sch.uk

