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 visits from the Tor View Specialist Teacher at the hourly rate (any reports are charged by the hour). Please note that specialist assessments or reports, such as Dyslexia will take significantly longer; please discuss any special requirements prior to booking.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Individual Pupil SupportObservation,Meeting with relevant parties (school staff, parents) & written Report£210 | HourlySpecialistSupport: Teacher£80 | HourlySpecialist Support:Teaching Assistant£50 | Half Day Special School PlacementIncludes: ‘on the job’ TA training, feedback and advice£50 per session | Whole Staff TrainingPlease specify:\*Daily Rate£500½ Day Rate£250Hourly Rate£100 | SLE SupportPlease specify:\*Daily Rate£350½ Day Rate£175 |
|  |  |  |  |  |  |
| Date and time of Outreach:**Mutually convenient date(s) and time(s) will be arranged by email**. |  |
| *\*Larger staff teams may require additional trainer; these will be charged at 50% of training cost.*  |
| Your name: |  | Designation: |  |
| School (name & address): |  |
| Email Address: |  |
| Telephone number: |  |
| Headteacher Name: |  | SENCO Name: |  |
| What support/ advice do you wish Tor View to provide on this occasion? (This is so we can best meet your needs): |  |

|  |  |
| --- | --- |
| **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):****If pupil has EHC plan, please indicate category of need.***Please ensure any relevant paperwork is available to the outreach practitioner. |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Does the pupil require a certain number of hours per term?Please specify: | Autumn 21 | Spring 22 | Summer 22 |
|  |  |  |
|  For office use: |  |  |  |

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

* In case of absences or unforeseen circumstances, it may be necessary to arrange alternative dates / times.
* Charges will be calculated at the end of each term and will be processed during the following term. Collections will be arranged through Journal Transfer or invoices to bursar.
* End of financial year deadlines may result in some spring term charges being carried over into the summer term. Please contact us if you require a Spring invoice before end of financial year.
* Please note cancellations cannot be made on arrival; where possible please provide 24 hour notice. **Full charges will be made for cancellation on arrival.**

|  |  |
| --- | --- |
| SBM / Bursar name: |  |
| SBM / Bursar email: |  |

Completed booking forms should be emailed to **outreach@theviewtrust.org**.

Please do not hesitate to call to discuss your requirements on 01706 214640 option 1.