

Official Sensitive
Consent and Data Form for Outreach



Dear Parent/Carer

Your child's school or setting would like their Quadrant Outreach Lead to be involved in supporting them with your child's education. Staff will have spoken to you about how they think this service can help. If you have any further questions or concerns, please talk with your child's teacher or SENCo before signing this consent form. The school or setting will be in the process of completing the referral and can help you to complete this form if required. To give your permission for involvement, (please check this is correct) kindly fill in the form below and return it to your child's teacher or SENCo as soon as possible.

Thank you, ESSET/ECC Outreach Team

Pupil Details

Name of School:

School and Parents/ carers: please provide information on any current person centred working in place (in or out of school).

Is a One Plan or EHCP already in place?

Is a Team Around the Child / key working in place?

Is anyone else working with your child?

Parent/ Carer Consent

Parents/ carers: please check the information on the referral form is correct. Complete this section if you are happy for the ESSET Outreach Services to be involved with your child, this could include visits to the school, observations and modelling strategies/interventions

I confirm that:

- the school/setting has explained their intentions and I understand why they want to involve the Outreach team
- the information on this form is accurate;
- I give permission for a Quadrant Outreach Lead to gather information regarding my child, which may include observation and use of assessments appropriate for their needs and support my child in their setting.
- I give permission for the reports written by the Quadrant Outreach Lead to be shared with other professionals involved with my child.

Yes ☐ No ☐

I am happy for the Outreach service to contact me to gather feedback about the service.

Yes ☐ No ☐

Data Protection

The personal information collected by ESSET Outreach Team will only be used for the purposes of providing education support, will be held securely and retained only for as long as is necessary.

Child's name:

Child DOB:

Parent/Carer's name:

Relationship to child:

Signed:

Date: