



SEMH Support Team

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SEMH Support Team Request for Support (Staff or Cohort)

Form completed by:	Date completed:
E mail:	

Teacher name/cohort needing support:		Year Group:
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School details (address and telephone):	
Headteacher:	SENCO
email:	email:
	TA:

Please bullet point your main SEMH concerns:
<ul style="list-style-type: none">•••

The Agreements

Everyone agrees to share relevant information with each other to ensure that there is good communication and a consistency in approach for supporting the Teacher/cohort. This can be done through meeting time, phone calls and email.

In the unlikely event that those below do not fulfil their part of the agreement, the SEMH Support Team will call a review to discuss how best to move forward in meeting the school's needs.

We will review the intervention within 12 weeks, to determine whether further support from our team is appropriate.

In signing this form and agreeing to a 'Consultation' (which must include a meeting with the Class Teacher and if possible Senco/SLT), School and parent(s) agree for the information to be shared with other relevant professionals. The parent/carer(s) also gives consent for the SEMH Support Team staff to work with school staff to support the cohort of pupils.

Please ensure signatures are obtained from School and Teacher requiring support or Parents/Carers of cohort requiring support.

School will:

- **Identify an appropriate staff member to work alongside the SEMH Support Team .**
- This must happen to ensure consistency in the delivery of support and to enable a member of staff to embed ideas and strategies for supporting staff and pupils around SEMH needs.
- To carry out the agreed actions and strategies each week.
- Ensure that the class teacher and TA communicate with the SEMH Support Team Worker regularly.
- Raise any concerns or issues about the type of support being delivered so that any changes can be made quickly and delivered efficiently.
- Provide a room/quiet space for any intervention to be delivered.
- To carry out the agreed actions and recommendations at the Review or Closing Meeting.

School (Senior Leadership Team)..... Date:.....

School (Class Teacher) Date:

Teacher requiring support or Parents/Carers of cohort requiring support:

Signed..... Date:.....