****Home School Link Worker Contact Form

To be completed by the parent/carer:

Email: HSLW@oaktree.surrey.sch.uk

**Child’s Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Age | Date of Birth | SexM/F | Class | Class Teacher |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| Brief description of past meetings/topics discussed and with whom. |  |
| SEND Stage:  | Details of Outside Agency Involvement: |

**Parent/Carer Information**

|  |  |
| --- | --- |
| Name: |  |
| Address including postcode |  |
| Home telephone number |  | Mobile number |  |
| Email |  |

**Areas of Need**

Please identify the areas you would like to discuss by entering ‘C’ for child and / or ‘A’ for family/adult

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parenting |  | Isolation |  | Bullying |  |
| Attendance, punctuality and routines |  | Adult/Family learning |  | Behaviour |  |
| Housing |  | Language difficulties |  | Young Carer |  |
| Debt and budgeting |  | Young parent |  | Friendship issues |  |
| Domestic abuse |  | Child protection plan |  | CAMHS \* |  |
| Alcohol and substance misuse |  | Child in need plan |  | Health |  |
| Bereavement |  | Anxiety, stress or depression |  | Other: (please state) |  |
| General support |  | Emotional support |  |

**Please note that the Home School Link Worker will contact you within 2 working days**

 **in line with the schools 48-hour response policy.**
\*CAMHS – Child and Adolescent Mental Health Services