****

**GOLDEN HILL INCLUSION SUPPORT TEAM (GHIST)**

# **GHIST Request form 2024-2025 – 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 request:** | **Date referral request received at Golden Hill:** |
|  |  |
| **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.**  |

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

