**Appendix Two**

**Declaration/Confirmation of Outside Agency Involvement**

|  |
| --- |
| **Information about Child/Young Person** |
| First Name:Family Name: | DOB: |
| **Information about the Outside Agency** |
| Name: | Agency |

* **\_\_\_\_\_\_\_\_\_\_\_** has been known to the service since \_\_\_\_\_\_\_ and there has been active involvement since \_\_\_\_\_\_\_\_ .
* The setting has implemented advice/strategies that I have provided as part of the graduated approach of assess/plan/do/review cycles.
* Following discussion with the school I support the requirement of \_\_ Support Units to deliver the provision outlined in the plan.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**