**Parent Drop-In Session Booking Request Form**

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| --- | --- | --- | --- |
| Parent name |  | Tel: |  |
| email |  | | |
| School: |  | Child age: |  |

*\*For each drop in there are 45 minute 1:1 parent sessions available (e.g. 9am to 9:45am, 10am – 10:45am and 11am to 11:45am)*

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| **Drop-In session** | **Team facilitating Drop-In** | **Date & Venue** | **Time** | **Sessions Available** |
| A | Social, Emotional and  Mental Health Advisory Teacher | Wednesday 3rd May  Brookland Infant and Nursery School NW11 | 9.00am – 12.00pm | 3 sessions |
| B | Visual Impairment Advisory Teacher/Multisensory Impairment Advisory Teacher | Wednesday 3rd May  Brookland Infant and Nursery School NW11 | 9.00am – 12.00pm | 3 sessions |
| C | Autism Advisory Teacher Team | Wednesday 3rd May  Charlgrove Primary School N3 | 10.00am – 1.00pm | 6 sessions |
| D | Educational Psychology Team | Wednesday 10th May  The Archer Academy Upper School N2 | 1.00pm – 4.00pm | 6 sessions |

Would you like to attend session A, B, C or D? Indicate **one** session only please \_\_\_\_\_\_\_\_\_\_.

Please return the completed form to: [Rosie.Rebeiro@Barnet.gov.uk](mailto:Rosie.Rebeiro@Barnet.gov.uk)

