

## **Activity Request Form**

## SEN

Name of school/group		
Address of school/group		
Name of teacher/group leader		
E-mail		
Date of visit	Start time	End time
Number in group	Age range	
Summary of abililty/mobility/understanding		

How much participation can be expected?

Please tick the activities you would like us to carry out with your group and note down any information that may be of help. You can also note any changes you would like to make to the activities to make it more suitable for your group.

Activity	Tick	Suggestions/additional requirements
1. Role of a firefighter		
2. Exploring the fire engine		
3. Visit to a fire station		
4. What is fire?		
5. Spread of fire		
6. Tools not toys		
7. Francis the Firefly		
8. Bag of hazards		
9. Snap cards		



## **Additional Information**