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| REQUEST FOR INVOLVEMENT ( EY SEND SUPPORT) |

Ensure you have discussed intended ‘Request for Involvement’ with Parents/ Carers

PLEASE NOTE: This form is for use with children identified as experiencing SEND within the setting - **At least 1 completed cycle of ASSESS, PLAN, DO, REVIEW (APDR) as part of the setting’s Graduated Response should have been completed before requesting involvement/submitting this form**

Please complete all sections of this referral form in full giving as much relevant information as possible and attach additional information where requested

Requests are triaged/ prioritised by identified concerns/level of need, completeness of referral. If referral is incomplete or insufficient information is provided your referral will be deferred/ declined and you will be asked to resubmit with the additional information which will delay the allocation process/ support received

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| Name of Setting/ School:Name of Class Teacher / Nursery Key Worker:(DELETE AS APPROPRIATE) | Date of referral: |
| Contact person (at the setting)/ Name & Designation:Email:  | Telephone: |
| Name of Child: (BLOCK CAPITALS) | Date of Birth: (DD/MM/YY)Age at referral: |
| Name of Parent/Carer(s):Email(s): | Telephone: |
| Home Address: (INCLUDING POSTCODE) |
| **Attendance: (Please indicate days and times by completing grid)**

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|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning |  |  |  |  |  |
| Afternoon |  |  |  |  |  |

Term time only attendance? YES/NO (DELETE AS APPROPRIATE)Date of Admission:Is the child accessing the Talking Twos entitlement? YES/NO (DELETE AS APPROPRIATE)Is the child accessing the 30 hours Childcare entitlement? YES/NO (DELETE AS APPROPRIATE)Does the child attend any other setting? YES/NO If YES - Name of setting: |

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| Gender:Ethnicity: | English as an Additional Language (EAL): YES/NO(DELETE AS APPROPRIATE)First/ Home Language: |
| Medical information *(Including any diagnosis):* | Sight: |
| Hearing: |
| Child in Care/ Currently Looked After (CIC/CLA): YES/NO(DELETE AS APPROPRIATE) | Child Protection Plan (CP): YES/NO(DELETE AS APPROPRIATE) | Child in Need (CIN): YES/NO(DELETE AS APPROPRIATE) |

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| **Professional Agency Involvement:** Is the child known to the following services? |
| TCDC: YES/NOTelford Child Development Centre/ Community Paediatrician(IF YES PLEASE GIVE FURTHER DETAILS) | Initial Appointment: YES/NO Date:Short Assessment: YES/NO Date:Multi-disciplinary Assessment (MDA): YES/NO Date: |
| Speech & Language Therapy Service (SaLT): YES/NO  (IF YES PLEASE GIVE NAME OF SPEECH & LANGUAGE THERAPIST) |
| Early Help Support/ Strengthening Families service: YES/NO(IF YES, GIVE NAME OF PRACTITIONER/WORKER) | Is an Early Help Assessment (EHA) in place: YES/NO (IF YES PLEASE SUBMIT COMPLETED PAPERWORK) |
| Health Visitor/Community Nursery Nurse: Contact details:( NAME OF HEALTH VISITOR/ GP PRACTICE ) | Has the child had a 2 Yr Development check completed? YES/NO Date:Has the child had Ages & Stages Questionnaires completed? YES/NO Date: |
| Other: (PLEASE SPECIFY) |

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| Home context/Background information: (PLEASE GIVE DETAILS OF CURRENT FAMILY SITUATION INCLUDING SIBLINGS) |

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| **Child’s strengths/ Interests:** (Outline what the child ‘can do’ e.g. social interaction, play skills, vocabulary and language) |

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| **Areas of Identified Need** -SEND Code of Practice, 2015:Does the child have delays or needs in these areas? If so please give additional information in the boxes provided (You only need to comment in relevant boxes) |
| **Communication and Interaction:***(Includes Speech, Language & Communication Needs (SLCN) & Social Communication & Interaction difficulties including sensory related behaviours, differences, preferences)* |
| Please indicate which Speech & Language screening/ Assessment tool you have used and attach related paperwork with your referral. **If not undertaken indicate reason(s)**

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| Stoke Speaks Out | Every Child A Talker (ECAT) | Wellcom | Time to Talk(2 - 3 yr olds) | EY Talk Boost |
| YES/NO | YES/NO | YES/NO | YES/NO | YES/NO |

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| **Cognition and Learning:***(Includes Attention/ concentration difficulties, concerns related to a child’s rate and/ or level of progress, learning and development within EYFS curriculum)* |
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| **Social, Emotional and Mental Health (SEMH):** *(Includes behaviour, emotional regulation difficulties which are at a level which is impacting on child’s rate and/ or level of progress, learning, development and engagement within the curriculum)* |
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| **Sensory and/ or Physical Needs:***(Includes Hearing impairment, Visual impairment, Multi-sensory impairment, Physical conditions/ disabilities, difficulties and /or Medical conditions)* |
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| **EYFS - Current Attainment levels:** *(Include specific ranges/ bandings in the below grid).* Date of Assessment: |
| Communication & Language | Personal, Social & Emotional Development | Physical Development | Literacy | Mathematics |
| Birth to Five Matters non- statutory Guidance |
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| Development Matters non- statutory Guidance |
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| Other (Please specify) |
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| **SEND Status:** (PLEASE INDICATE WHICH STAGE THE CHILD IS AT)

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| EY SEND Support(Individual SEND Support Provision Plan with setting - based support/intervention | EY SEND SUPPORT with Additional funding (As previous plus In receipt of Early Years Inclusion Funding, EYIF) | Education, Health & Care Needs Assessment (EHCNA)Education, Health & Care Plan (EHCP) |

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| **Strategies and Support provided to date:** (Please indicate what you have already tried/ provided that is ***‘different to’*** and ***‘additional from’*** the provision for other children attending e.g. differentiated support, one to one time, environmental adaptations, interventions) **(THIS SECTION MUST BE COMPLETED)****If not completed/Graduated Response paperwork unavailable please indicate reason/s** (e.g. exceptional circumstances, child moved into to Local Authority/Area) |
| Strategy/Intervention: | Evaluation/Impact: *(Be Specific, if no impact - why?)* |
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| **Reason for requesting involvement/support:** * Observation, advice and report contributing towards graduated response

(e.g. EY SEND Inclusion funding request, EHCNA / Educational Advice, EHCP Annual Review)* SMARTA Target setting support/ advice regarding outcomes for Provision Plan

(e.g. Monitoring of progress, planning next steps)* Information and Modelling of strategies/ interventions (e.g. Visuals, Listen with Lucy, Intensive Interaction)
* Other (Please specify):
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| Exceptional circumstances: Please indicate if this referral is based on exceptional circumstances (e.g. child has started/ transferred to your setting/moved to the area with complex needs, is known to a number of agencies/ professionals already etc |

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| Parent/ Carer (s) comments: |

Early Years Advisory Teachers/SENCos or Early Years Consultants/ SENCos are always pleased to meet with parents following initial assessments and you can indicate below if you would like the setting/ school to arrange this.

YES

NO

I give my consent for my son/ daughter to be observed/ assessed by the Early Years Advisory Teacher/SENCo or Early Years Consultant.

I understand that:

* Telford and Wrekin Council (T&WC) collect personal information on me/my family to enable T&WC to provide support services which will benefit me as an individual and/or my family
* That my/my family’s personal information will only be shared internally between Council services to enable these services to be provided to me/my family
* T&WC may also share my/my family’s personal information with government departments or other public bodies as required by relevant legislation

For further information please visit [www.telford.gov.uk/terms](http://www.telford.gov.uk/terms)’

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| SENCo Signature: | Date: |
| Parent/Carer(s) signature:**This must be completed**- (Handwritten signature) Forms without a parental signature will not be considered | Date: |

***Personal Data:*** *Telford & Wrekin Council collects your personal data to enable you to be able to complete eLearning and face to face training to support your role under Article 6(1)(a) of the General Data Protection Regulations 2018 or equivalent United Kingdom legislation. Telford & Wrekin Council will not share any of your personal data with external organisations, unless required to do so by law. However, for further details on the council’s privacy arrangements please view the privacy page on the council’s* [*website page*](http://www.telford.gov.uk/terms)

IMPORTANT: PLEASE NOW COMPLETE SUBMISSION CHECKLIST

If referral is incomplete or insufficient information is provided your referral will be deferred/ declined and you will be asked to resubmit with the additional information which will delay the allocation process/ support received

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| **SUBMISSION CHECKLIST:** *Have you completed the form fully and enclosed the requested information?* | (Tick) | ***Office Use******Only. (EYAT/EYCC)***  |
| Copy of child’s **Individual SEND Support Provision Plan/s** showing setting’s Graduated Response (Assess, Plan, DO, Review cycle) **PLEASE NOTE:****At least 1 completed cycle of Assess, Plan, Do, Review should have been undertaken before completing this referral and should be attached with this referral (If not completed valid reason has been provided/ recorded)** |  |  |
| **Copy of child’s Individual One Page Profile/SEND Passport** |  |  |
| **Copy/evidence of Speech & Language Screening/Assessment undertaken** E.G. *Stoke Speaks Out, EY Talk Boost* |  |  |
| Section completed detailing **strategies/ interventions and impact****(If not completed valid reason has been provided/ recorded)** |  |  |
| **Parental signature/s recorded on form (handwritten)** |  |  |

Please return to: EarlyYearsSENDSupport@telford.gov.uk