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| REQUEST FOR REVIEW ( EY SEND SUPPORT) |

Ensure you have discussed the intended Request for Review with Parents/ Carers

To be used only to request a review where a child has previously been observed by a member of the EY SEND Support team

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| Setting/ School: | 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 this referral: |
| Name of Parent/Carer(s):  Email(s): | Telephone: |
| **Attendance: (Please indicate days and times by completing grid)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | 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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| Please indicate if there have been changes/ updates in the following areas: | | |
| Medical information: | Sight: | Hearing: |

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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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| Reason for requesting review/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)   * Modelling of strategies/ interventions (e.g. Visuals, Listen with Lucy) * Other (Please specify): |

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| Parent/ Carer (s) comments: |

Early Years Advisory Teachers/SENCos or Early Years Consultants are always pleased to meet with parents following review observations/ 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/ reviewed 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 most recent/ current **Individual SEND Support Provision Plan/s** showing setting’s Graduated Response (Assess, Plan, DO, Review cycle) |  |  |
| **Copy of child’s Individual One Page Profile/SEND Passport** |  |  |
| **Parental signature/s recorded on form (handwritten)** |  |  |

Please return to: [EarlyYearsSENDSupport@telford.gov.uk](mailto:EarlyYearsSENDSupport@telford.gov.uk)