







# REQUEST FOR INVOLVEMENT

### EARLY YEARS ADVISORY TEACHERS / EARLY YEARS CONSULTANTS /SENCos

Please complete all sections

Setting/ School: Happy Times Nursery	Date of referral:
	15.04.20XX
Name of Class Teacher / Nursery Key Worker: K ア Erson	
(DELETE AS APPROPRIATE)	
Contact person (at the setting)/ Name & Designation:	Telephone:
S. Enco / SENCO	
Name of Child: (BLOCK CAPITALS)	Date of Birth: 02.03.XX
ARCHIESMITH	
	Age at referral: 3 Yrs 1 m
Name of Parent/Carer(s):	Telephone:
Ms Julie Smith	
	,

Home Address: (INCLUDING POSTCODE)
123 Happy Street, Happy Town HY23 2ST

Pattern of Attendance: (INCLUDING DAYS/TIMES AND TOTAL NUMBER OF HOURS ATTENDED WEEKLY)

5 MORNINGS (8:45-11:45)
Date of Admission: 02.09.XX

Does the child attend any other setting? YES/NO If YES- Name of setting:

Gender: Male	Ethnicity: W/Brítísh	Home Language: English
Medical information: None	Sight: No problems	Hearing: Passed audiology check
Child in Care: YES/NO (DELETE AS APPROPRIATE)	Is a Common Assessment Framework (CAF) in place: YES/NO	
Child Protection Plan: YES/NO (DELETE AS APPROPRIATE)	(IF YES PLEASE SUBMIT COMPLETED PAPERWORK)	

Professional Agency Involvement: Is the child known to the following services?		
TCDC: YES/NO	Initial Appointment: YES/NO	Date:
Telford Child Development Centre	Short Assessment: YES/NO	Date:
(IF YES PLEASE GIVE FURTHER DETAILS)	Multi-disciplinary Assessment (MDA): YES/NO	Date:

SaLT: YES/NO Madeline Orange

(IF YES PLEASE GIVE NAME OF SPEECH & LANGUAGE THERAPIST)

Early Help & Support: YES/NO

(IF YES PLEASE GIVE NAME OF PRACTITIONER/WORKER)

HV: Wendy Millar-Jones

Happy Town Surgery

Contact details:

(PLEASE GIVE NAME OF HEALTH VISITOR AND GP PRACTICE)

Other: None (PLEASE SPECIFY)

Home context: (PLEASE GIVE DETAILS OF CURRENT FAMILY SITUATION INCLUDING SIBLINGS)

Archie lives at home with Mum and his older sibling Chelsea (9). He sees Dad regularly and at most weekends.

Please complete the following sections giving as much relevant information as possible. Requests are prioritised by identified concerns. If insufficient information is provided you will be asked to submit additional information

Reason for request/Areas of concern: (Give details in all of the areas that apply)

1) Communication and Interaction

Archie finds sitting and listening difficult and prefers to explore the room on his own. He does not always seem to understand routine instructions often needing them repeated or simplified. Archie seems to find tidy-up time confusing and just stands and watches or continues to play. He does not consistently respond to his name.

Archie is using a limited range of single words and relying heavily on gestures to communicate with staff.

### 2) Cognition and Learning

Archie's learning and development is being impacted by his very limited communication skills. Our nursery tracking/profile highlights that he is not making the expected progress in all aspects within the area of Communication & Language.

#### 3) Social, Emotional and Mental Health

Archie can become upset and distressed when encouraged to sit and join with others or when he can not do something he wants. Sensory based play such as sand and water Will usually help calm and distract him.

## 4) Sensory and/ or Physical Needs

**Current Attainment levels** 

Date of Assessment: 26.03.XX

Personal, Social & Emotional Development	Communication & Language	Physical Development	Literacy	Mathematics
Self-confidence and Self- Awareness	Listening & Attention	Moving & Handling	Reading	Number
22-36 D Months	16-26 E Months	22-36 Months	Months	Months
Making Relationships	Understanding	Health & Self-care	Writing	Shape, Space & Measure
16-26 E Months	8-20 S Months	22-36 Months	Months	Months
Managing Feelings and Behaviour	Speaking			
16-26 D Months	8-20 D Months			

Child's strengths/ Interests: (e.g. social interaction, play skills, vocabulary)

Archie has settled well into nursery, separates calmly from Mum. Enjoys outdoor play and sensory based play such as sand and water which calms him when upset

SEND Status: (PLEASE INDICATE WHICH STAGE THE CHILD IS AT)

Initial Record of Concern (IROC): √28.10.XX

SEND Support: 01.01.XX

Education, Health & Care Needs Assessment (EHCNA):

### 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)

Strategy/Intervention: Using short, clear, consistent instructions alongside gesture Provision of a fiddle object/toy	Evaluation/Impact: Archie is now able to follow a 1 word instruction if he is shown an object or picture of reference
Strategy/Intervention: Using Archie's name before giving instructions. Modelling 2 word phrases e.g. 'more apple'/ 'milk please'	Evaluation/Impact: Archie occasionally echoes back 2 word phrases but is not spontaneously using 2 words together. At snack time he will still point to milk jug saying 'milk'
Strategy/Intervention:  Listen with Lucy' Intervention in a small group (4 children)	Evaluation/Impact:  Archie struggles to join the group at welcome time and 'Listen with Lucy' wondering off, becoming distressed when encouraged to sit

#### Please provide copies of IEPs/ SEND Target Plans as evidence

What support is being requested?

An observation to provide further strategies to help us to support Archie's communication skills and to help encourage him to join/ sit with the group.

Parent/ Carer (s) comments:

I am happy for any support that can be given to Archie and understand that his speech is not where it should be for his age

Early Years Advisory Teachers/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 End of nursery sessions are best time for me

I give my consent for my son/ daughter to be observed/ assessed by the Early Years Advisory Teacher/SENCo. This consent covers all future contact.

#### 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'

SENCo Signature: & Enco	Date: 15.04.20XX
Parent/Carer(s) signature: T Smith	Date: 15.04.20XX

**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 <u>website page</u>

