

Early Years SEN Advisory Team - Request for Involvement

Please complete this form fully and accurately, entering 'N/A' where relevant

Child Details (please print):					
Full Name:		Male:		Female:	
Date of Birth:		Ethnic Origin:			
Address:					
School Entry Year:		Child in the care of the Local Authority?			Yes/No
If in the care of the Local Authority, state the Local Authority that is the Corporate Parent:					

First Parent/Carer Details (please print):			
Full Name:			
Address if different from child:			
Home Telephone:		Mobile:	
Email: (mandatory)			

Second Parent/Carer Details (please print):			
Full Name:			
Address if different from child:			
Home Telephone:		Mobile:	
Email: (mandatory)			

PARENTAL CONSENT

Requests cannot be accepted without parent/carers consent. If this cannot be obtained on this form, for instance if it is being completed electronically, the parent/carers **MUST** email their consent to pupil.services@iow.gov.uk. Due to changes in working practice, we require the parent/carers' email address to which we can send documentation to.

I hereby give my consent for this request for involvement:

Parent/Carer Signature:	
Print Name:	

OR:
(✓)

	I confirm that I have requested the parent/carers email their consent for the Request for Involvement to be considered by the Early Years SEN Advisory Team to pupil.services@iow.gov.uk giving their child's name, address and date of birth.
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Setting Information

Pre-School Provider Name:

Days and times child attends:

Monday	Tuesday	Wednesday	Thursday	Friday

Main Area of Need: (tick **one option only, i.e. the **primary** need)**

Communication and Language:		Physical Development:	
Cognition and Learning:		Personal/Social/Emotional Development:	
Sleep:			

Type of Support Being Requested:**NB:**

- **Criteria for support – a minimum of a half of the chronological age delay in two or more areas.**
- **If the child is eligible for 30 hours funding Specialist Home Portage is not an option the support for the child's SEN needs will be met by the funded setting.**
- **Families should have previously received advice and support from their health visitor/ family centre or NHS Childrens Therapeutic Services.**

Specialist Portage (Home Visits):		Specialist Sleep Advice:	
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Professionals Currently Involved

e.g. Paediatrician, Health Visitor, Speech and Language Therapist, Physiotherapist, Occupational Therapist, Social Worker, family centres, Early Help etc (add more if needed)

Name:		Telephone:	
Role:		Email:	

Name:		Telephone:	
Role:		Email:	

Name:		Telephone:	
Role:		Email:	

Name:		Telephone:	
Role:		Email:	

Date this request was discussed with the Early Years SEN Inclusion Advisor?	
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Has the family received support from other agencies such as Early Help, Family Centre, Health? If yes please specify below, provide detail how advice has been implemented and the impact this has had.	<u>Yes:</u>		<u>No:</u>	

Reason for Referral and any Diagnosis/es: <i>Please provide evidence of two plan, do and review documents. Medical and professional reports and any other relevant documented evidence.</i>

Parent/Carer Views and Concerns:

Evidence Provided:		(✓)
Ages and Stages Questionnaire		
Plan, Do, Review documents		
Sleep diaries		
Medical reports (SLT, OT/Paediatrician)		

NB: The latest date for making a request for involvement is the end of the autumn term prior to the child's school entry year.

Referrer's Details (please print):			
Name:			
Role:			
Telephone:			
Email: (mandatory)			
Are there any potential risks when attending a home visit? If yes, please contact the service to discuss further			
Referrer's Signature:		Date:	

Please email this form to: pupil.services@iow.gov.uk

The Isle of Wight Council complies with the Data Protection Act 1998. By registering these details I understand that the information will be held securely on the Isle of Wight Council's databases for the purpose of recording the support provided to my child and family. I give consent for information to be shared with children's centres, professionals and other agencies as appropriate.