Before you submit a request, the setting must have used our SEND advisory training and support programme first. Please note if there is already an educational psychologist and/or EHC assessment in process we will not accept the referral.

|  |  |
| --- | --- |
| **Setting Request for Support**  | **Checklist**  |
| Attended a SALT surgery/contacted the speech and language therapy triage line (for concerns about speech and language) | Date completed: |  |
| Discuss the child’s needs with an early years SEND advisor on a SEND surgery contact day **Please specify who you spoke with:**  | Date completed: |  |
| Completed an individual support plan for the child and implemented the support *consistently* and reviewed this plan (please attach plan and review to the request):  | Date review completed:  |  |
| If the child is actively open to Portage: Consulted with the child’s named Portage worker for a nursery visit and discussed the requirement for further EY SEND advisor visit.  | Named Portage worker:  |  |
| Completed progress/tracking for the child (please attach to request)  | Date completed:  |  |

|  |  |
| --- | --- |
| **Name of setting:** | **Name of person completing request:**  |
| **How many hours have you claimed for this child at the last headcount?:**  |  |
| Please indicate what your concerns are and **what support you are looking for from this visit** for the named child:  |
| *Please note during an SEND advisory visit, a named member of staff must be available for the EY SEND advisor to be able to discuss and model strategies with to be implemented for the child.* |
| **Triage outcome (agree to EY SEND advisor allocation; further advice/training recommended; continue with support plan and rebook surgery)** |
|  |
| Early years SEND manager: | Date:  |

|  |
| --- |
| **Parent permission for support** |
| This is a parent permission form to gain consent for an observation of how practitioners support your child in their setting. This will include: * Observation of your child playing and accessing the environment
* Observation of how the staff interact and support your child
* Recommendations for the setting to put into place
* Staff in the room will be expected to support the child with the recommended strategies.

The SENCO/setting manager will liaise with parents and ensure parents are informed about the visits and recommendations. |
| **Setting name:**  |  | **Child’s name (as on birth certificate)** |  |
| **Child’s DOB** |  | **Child’s gender** |  |
| **Parents’ names and contact details** |  | **Child’s address and postcode** |  |
| **Date child started at setting** |  | **Child’s ethnicity** |  |
| **Days/times child attends setting** |  |
| Information parents would like to share about their child and support required:  |
|  |
| Please provide information about professionals already working with your child that **we can share our report** with to inform their assessment  | Referral made  | Named professional working with child  |
| Speech and Language  |  |  |
| Portage  |  |  |
| CAMHS/Autism Assessment Team  |  |  |
| Paediatrician  |  |  |
| Health visitor  |  |  |
| Other professional. Please specify  |  |  |

I give permission for the Early Years team to support the setting with recommendations that will help my child’s development. I consent for the Early Years team to consult with other professionals as identified above who are/will be involved with my child to make sure the best support is applied for my child. **Data protection**: I agree to the report about my child to be held securely on an encrypted database and only shared with services indicated above who are/will be working with my child.

Parent/carer name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_