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: |  |

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| **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: |

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| --- | --- | --- | --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_