**Parent/carer and setting form request and permission
for Early Years SEND advisory assessment visit**

**Please send this form to** earlyyearsSEND@brighterfuturesforchildren.org

This is a request for support for an individual child. This will be triaged and may result in a SEND surgery, SALT surgery or a maximum of two SEND advisory visits.

Please note if the child is **open to Portage**, we will not be able to offer any EY SEND advisory visits and the child’s Portage worker will arrange termly visits with you directly. Please note if there is already an educational psychologist and/or EHC assessment in process we will not accept the referral.

Before you submit a request, the setting must first have used the EY SEND graduated approach document and SEND advisory training and support programme to put in support: See [Under 5s with SEND - Brighter Futures For Children](https://brighterfuturesforchildren.org/professionals/under-5s-with-send/)

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| **Setting request for support: Required documents**  | **Checklist**  |
| **Individual support plan for the child:** The setting has implemented the support consistently and reviewed this plan **(please attach plan and review to the request)** |  |
| **Completed progress/tracking:** Early years developmental journal completed with summary tracker or similar developmental tracking document **must be attached.**  |  |

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| **Name of setting** |  |
| **Name and role of person completing request** |  |
| **Date of request for support** |  |
| **How many hours have you claimed for this child at the last head count?** |  |
| Please indicate your concerns and **what support you are looking for from this visit** for the named child |
| *Please note during a 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.* |

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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 may include: * Discussion about your child’s needs at SALT or SEND surgery
* 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 the 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_