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# Early Years multi-agency professional panel referral request form

Please return this form to earlyyearsSEND@brighterfuturesforchildren.org

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| --- | --- | --- | --- |
| Legal name of child/young person:  |   | Name of person referring  |  |
| **DOB**: |  | **Role of person Referring** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Chosen name if different** |  | Current EY setting |  |
| Chronological age: |  | **NCY group (school start):**  |  |
| CLA/CP/CIN: |  | **Pupil ID:** |  |

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| --- | --- | --- |
|  | Early years multi-agency professional reason for referral (Please mark which one/s)  | **X** |
| **1** | Statutory notification of SEND received – next steps for the child   |  |
| **2** | Notification that child is likely to require a high level of provision at school/special school/risk of missing education |  |
| **3** |  |  |
| **4** |  |  |
| **5** | Other reason:  |  |

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| Brief case summary: Please provide a summary of the child’s needs/background  |
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| --- | --- |
| **Background/summary of needs of the child**  |  |
| **Practitioner’s/professional involvement:**  |  |
| **Report/evidence provided:**  | Please provide copies of any professional reports  |
| **EYFS tracking/Portage developmental ages**  | Please provide copy of child’s tracking/developmental stages  |
| **Current support in EY setting** | Please provide copies of SEN plans/IEPs  |
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| **Consent statement for information storage and information sharing**You are asked to consent to personal information about this child being shared with other organisations and agencies where it is appropriate to do so. Information obtained during an assessment, any subsequent use, and any information already held may be shared with others directly involved in caring for this child. The purpose of sharing information is to ensure suitable services are provided, through a better understanding of the individual’s strengths and needs. Access to the information will only be given to staff that have a reason to see it.Information can be shared without permission where there might be a child at risk of harm or has been harmed, or where a serious crime has or may be committed. Your information is protected by the Data Protection Act 1998. The information will, therefore, only be used for the reasons stated. It will be kept safe and secure. You have the right to see the information that is being kept about this child.**I give my consent for information about this child to be shared with any appropriate agency to help this child receive a better service. I consent for a member of the Early Years Professional Panel to contact me or those involved in my child’s SEND to make recommendations/referrals to support my child. I understand that by signing this form, it does not affect my rights under the Data Protection or Human Rights law. I understand that at any time I can change or withdraw my consent by notifying the person who has completed this assessment.**

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| Signed |  | Name |  | Date |  |
|  |  |  |  |  |  |
| Signed |  | Name |  | Date |  |

**Exceptional circumstances: concerns about significant harm to infant, child or young person:** If at any time during the course of this assessment you are concerned that an infant, child or young person has been harmed or abused, or is at risk of being harmed or abused, you must follow your Local Safeguarding Children Board (LSCB) safeguarding children procedures. The practice guidance *What to do if you’re worried a child is being abused* (HM Government, 2006) sets out the processes to be followed by all practitioners. If you think that the child may be a child in need (under section 17 of the Children Act 1989) then you should also consider referring the child to children’s social care. These referral processes will be included in your local safeguarding children procedures and are set out in Chapter 5 of *Working Together to Safeguard Children* (2006). (You should seek the agreement of the child and family before making such a referral **unless to do so would place the child at increased risk of significant harm.**  |