**INVOLVEMENT OF EARLY YEARS AREA SENDCo**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Setting Name** | |  | | | | | | | | | | | |
| **Child’s Name** | |  | | | | | **Family Name (if different)** | | | | | | |
| **Name of parent/carer** | |  | | | | | | | | | | | |
| **Address and contact details** | | **Address:**  **Phone number: Email:** | | | | | | | | | | | |
| **Child’s date of Birth** | |  | | | | | **Gender** | | |  | | | |
| **Languages spoken at home** | |  | | | | | **Is English an additional language?**  **Yes No** | | | | | | |
| **Setting SENDCo/ Key Person** | |  | | | | | | | | | | | |
| **Start date at setting:** | |  | | | **Level of attendance:** | | | | | | | | |
| **Are they accessing their full entitlement?** | | | | | | | | |
| **Referred by** | | **Name:**  **Job title:**  **Address:**  **Telephone:**  **Email:** | | | | | | | | | | | |
| **SEN** Primary Need | | **Please tick one:**  *In line with profile of need*   |  |  | | --- | --- | | **Communication and Interaction** |  | | **Cognition and learning** |  | | **Social, Emotional and mental Health** |  | | **Sensory and Physical** |  | | | | | | | | | | | | |
| **Medical** Primary Need | |  | | | | | | | | | | | |
| **Additional Needs** | |  | | | | | | | | | | | |
| **What are the child’s strengths, interests, what do they succeed at?** | | | | | | | | | | | | | |
| **Description of current concerns and child’s difficulties:** | | | | | | | | | | | | | |
| **Reason for referral:**  Support to devise/implement personalised support strategies: Briefly outline what is required.  Consideration for SEND support funding (EYSS): Yes No  Consideration for further assessment: other agencies EHCP request other | | | | | | | | | | | | | |
| **Early Years Graduated Response**  **Assess:** *Please give a brief description of the child’s development in each of the below areas:*  **Overview of child’s learning**  **Locomotor skills**  **Fine motor skills**  **Speech, Language and Communication**  **Play skills**  **Self-care: feeding, dressing, toileting**  **Behaviour and interaction**  **Hearing and Vision**  **Plan:** What are you doing to address these concerns/meet the child’s individual needs?  **Do:** What support strategies have been implemented? What outcomes have been set for the child?  **Review:** What is the impact of these interventions? What progress has the child made? Has the child met the outcomes? | | | | | | | | | | | | | |
| **Child well-being and safety**  **Is the child open to:**  **Early Help Child in need Child protection Child looked after Child Adopted** | | | | | | | | | | | | | |
| **Professionals Involved** *Please add details below* | | | | | | | | | | | | | |
| **Service** | | | **Already involved (name & contact details)** | | | | | **Discussions/actions taken** | | | | | |
| **GP** | | |  | | | | |  | | | | | |
| **Health Visitor** | | |  | | | | |  | | | | | |
| **Paediatrics** | | |  | | | | |  | | | | | |
| **Hospital consultant** | | |  | | | | |  | | | | | |
| **Speech & Language Therapy** | | |  | | | | |  | | | | | |
| **Occupational Therapy** | | |  | | | | |  | | | | | |
| **Physiotherapy** | | |  | | | | |  | | | | | |
| **Specialist Advisory Teacher** | | |  | | | | |  | | | | | |
| **Portage** | | |  | | | | |  | | | | | |
| **Other** | | |  | | | | |  | | | | | |
| **Comments:** | | | | | | | | | | | | | |
| **Family Information**  Any relevant information and what would parents like us to know? | | | | | | | | | | | | | |
| The Setting have shared the concerns/issues outlined about my child **(Parent to tick)** | | | | | | | | | | | |  | |
| I understand that an Early Years Area SENDCo will be asked to advise the setting on ways to support my child and complete any relevant paperwork. **(Parent to tick)** | | | | | | | | | | | |  | |
| I understand that the setting and Area SENDCo will discuss my child’s needs with relevant professionals in services for children (e.g. Health Visitor, Speech & Language Therapy, EP etc.)  **(Parent to tick)** | | | | | | | | | | | |  | |
| We may have to share your information with other teams and departments in the Council, in order to fulfil this, and other statutory duties, and to deliver a sufficient level of service as a local authority.  **Privacy Notice** Southampton City Council will ask you for information to provide this service. We may use it to contact you about this.  We will only share your information with other organisations or council departments if we need to.  We may also share it to prevent, investigate or prosecute criminal offences, or as the law otherwise allows.  Our Privacy Policy (<http://www.southampton.gov.uk/privacy>) explains how we handle your personal data, and we can provide a copy if you are unable to access the Internet. | | | | | | | | | | | | | |
| **Parent’s Name:** |  | | | **Signature:** | |  | | | **Date:** | | |  | |
|  | | | | | | | | | | | | | |
| **In order for this referral to be considered please ensure the following are included:** | | | | | | | | | | | | | |
| 1. Referral has been discussed with parents and signed consent obtained 2. Recent reviewed IEP(s) 3. Current IEP 4. Up to date reports included from other involved professionals 5. Relevant professionals have been contacted/involved 6. Child’s latest summative assessment (in line with setting policy) 7. Completed Profile of need | | | | | | | | | | | **Y**  **Y**  **Y**  **Y**  **Y**  **Y**  **Y** | | **N**  **N**  **N**  **N**  **N**  **N**  **N** |
| **Once completed, please return this form to the Area SENDCos**  By encrypted email (if you have this facility) or via the Provider Portal to the Early Years Advisory Teachers/Area SENDCo.  ***(Please do not include confidential child specific information if using standard email)*** | | | | | | | | | | | | | |