**Request for SEN Support**

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| **Service Requested**  | **Date of request** | **Email Address**  |
| Early Years Notification  |  | 0-25service@southampton.gov.uk  |
| Early Years Support Funding – **Transition**  |  | EYSSFunding@southampton.gov.uk |
| Early Years Support Funding – **New**  |  | EYSSFunding@southampton.gov.uk |
| Early Year Support Funding – **Continuation**  |  | EYSSFunding@southampton.gov.uk |
| Early Years Advisory Service  |  | EYATS@southampton.gov.uk  |
| Portage  |  | Portage.earlyyears@southampton.gov.uk  |

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| **Setting Name** |  |
| **Setting Email Address**  |  |
| **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** |  |
| **CLA / CIN / EH / CP**  |  | **Named Worker:**  |
| **Languages spoken at home:**  |  | **Is English an additional language?****Yes No** |
| **Interpreter required:** |  |
| **Setting SENDCo/****Key Person**  |  |
| **Start date at setting:**  |  | **Sessions Attended (days and times):**  |
| **Are they accessing their full entitlement? Y / N****If no, why not?**  |
| **Referred by** | **Name:**  |  |
| **Job title:**  |  |
| **Address:**  |  |
| **Telephone:**  |  |
| **Email:** |  |
| **SEN** Primary Need | **Please tick one:** *In line with profile of need*

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| **Communication and Interaction** |  |
| **Cognition and learning** |  |
| **Social, Emotional and mental Health**  |  |
| **Sensory and Physical** |  |

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| **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 – Please use this box to provide and update a chronology of the child and family.**  |
| **Reason for referral:** Support to devise/implement personalised support strategies: Briefly outline what is required. |
| **Early Years Support Funding Request:**  |
| 1. Transition Funding – Please provide dates and hours requested:
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| 1. New Funding – Please provide dates and hours requested:
 |
| 1. Continuation Funding – Please provide dates and hours requested:
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| 1. Education, Health and Care Plan – Please provide date finalised, hours attending and name of the SEN Case Officer:
 |
| Has an Education, Health and Care Assessment been applied for? **Y / N**If so, SEN Case Officer name:  |
| **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?  |
| **Date of Plan, Do, Review Cycle:**  |  |
| **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** |  |  |
| **Family Information**Any relevant information and what would parent like us to know? |
| I understand, that by completing this form, a member of the requested service will provide me with advice in relation to my child and completion of any paperwork **(Parent to tick)** |  |
| I understand that the requested service 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 the requested service will discuss my child’s needs with relevant professionals in services for children (e.g. Health Visitor, Speech & Language Therapy, EP, Additional Early Years Settings etc.) **(Parent to tick)** |  |
| We may have to share your information with other teams and departments in the Council, 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:** |  |
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| **In order for this referral to be considered please ensure the following are included, if appropriate:** |
| 1. Referral has been discussed with parents and signed consent obtained
 | **Y** | **N** |
| 1. Recent reviewed IEP(s)
 | **Y** | **N** |
| 1. Current IEP
 | **Y** | **N** |
| 1. Up to date reports included from other involved professionals
 | **Y** | **N** |
| 1. Relevant professionals have been contacted/involved
 | **Y** | **N** |
| 1. Child’s latest summative assessment (in line with setting policy)
 | **Y** | **N** |
| 1. Completed Profile of need
 | **Y** | **N** |
| **All applications will be considered within 6 weeks.*****(Please do not include confidential child specific information if using standard email)*** |