DERBYSHIRE County Council

Early Years Special Educational Needs Service Specialist Support Request Form For Early Years children (aged 0-4 years)

Before completing the support request form, please check that the following criteria have been met:

For EYSEN Specialist Teacher support request:
Specialist Teachers within the EYSEN Service support children who attend any Derbyshire contracted Early Years provider (except for children enrolled in a reception class) and have:

- significant developmental differences in more than one area of learning (cognition and learning, communication and language, physical development, personal, social and emotional development) and who
- after receiving targeted support, continue to face considerable challenges, with needs that affect their ability to engage with the early years curriculum.

The work forms part of the graduated response to each child's needs at specialist level. Before requesting specialist support for a child, there will have been support provided through progressive cycles of the 'assess, plan, do, review' approach at universal and targeted levels by the setting or from other professionals.

For EYSEN SEMH Outreach Team support request:
SEMH Outreach Service criteria are that a child:

- has significant or complex SEMH needs which impact their ability to access inclusive provision on offer and/or leads to a reduced timetable/being at risk of exclusion.
- attends a Derbyshire EY setting (PVI or maintained).
- has had a graduated response of assess, plan, do, review at targeted level within their setting.

For Educational Psychology Service support request:
Request to support pre-school children who are not in a maintained setting can be made to our service via this request form. We do not have set criteria for our involvement but would expect requests for support to show:

- Evidence of the graduated response to meeting the child's needs and the impact this has had. This could include:
  - reference to the Early Years SEN Descriptors, Early Years Graduated Response and Graduated Response documents
  - receipt of Early Years Inclusion Funding with description as to how that has been used
  - involvement of other service, such as Early Years SEN

- Evidence of social and emotional needs (there might be other needs alongside) that are:
  - persisting despite appropriate support and
  - providing a significant barrier to the child's development and/or inclusion in the setting and/or are causing concern for upcoming transition to school.

Information for parents and referrers
Everyone working for the Local Authority has a legal duty to keep information about you and your child confidential. All services working with you and your child need up to date information. We only ever use or pass on information if there is a real need to do so.

For more information about what we share, who we share it with, how we store your data and your rights, please go to www.derbyshire.gov.uk/privacynotices

Please complete all sections of the support request form. If any sections are left incomplete, then your support request will be declined.

Please complete this form electronically and try to include all your information within the expandable boxes. Parental permission must be sought if you are making a support request.

Answer these questions:	**Yes/No**
Is your setting a Derbyshire Early Years setting?	Please Select
Has the parent/carer given consent for this support request?	Please Select
Has the child had a graduated response of assess, plan, do, review at a targeted level at your Early Years setting?	Please Select
Does the child have significant or complex SEMH needs, sensory processing needs or a diagnosis which impacts their behaviour within your setting?	Please Select
Are children or adults at risk of harm?	Please Select
Is the child at risk of being offered reduced hours of attendance/part-time timetable or excluded as a consequence of the challenges faced?	Please Select
Does your setting have the capacity to engage fully with the appropriate support service as described on the Local Offer website? • EYSEN Outreach team - Derbyshire Local Offer • EYSEN Specialist Teacher Service - Derbyshire Local Offer • Educational Psychology Service (EPS) - Derbyshire Local Offer	Please Select

1: Child's Details:	
Given Name:	
Date of Birth:	
Legal Last Name:	
Any Former Last Name:	
Preferred Last Name:	
Address:	
Postcode:	
Child's First Language:	
Ethnicity:	

2. Parental Consent and Family Information

Primary Parent/Carer Details

Relationship to child:		**Parental Responsibility:**	Yes ◯ No ◯
Forename:		**Surname:**	
Address: (If different from above)		**Postcode:**	
		Telephone Number:	
Email address:			

Parent/Carer Details

Relationship to child:		**Parental Responsibility:**	Yes ◯ No ◯
Forename:		**Surname:**	
Address: (If different from above)		**Postcode:**	
		Telephone Number:	
Email address:			

A referral cannot be accepted without the consent of the parent(s) or legal guardian. For looked-after children, consent must be obtained from the allocated social worker. It is the responsibility of the referrer to ensure that the parent(s) or legal guardian have given permission and are fully aware that information about their child is being shared.

I confirm that this referral has been fully discussed with the child's parent(s) or legal guardian and that they have given their consent for this request for specialist support for the child to be made.

Yes ◯

No ◯

Names of other household members:	Relationship to the child:	Age (if appropriate)

Other significant adults:

Please provide any information that is relevant to the staff members' Health and Safety when working in the home:

Are they a Looked after Child (LAC)?	Yes ◯	No ◯
Do they have an Early Help Assessment (EHA)?	Yes ◯	No ◯
Do they have Social Care involvement? Child in Need (S17)	Yes ◯	No ◯
Child Protection (S47)	Yes ◯	No ◯

3: Funding

1. Is the child accessing a government funded place?	**Yes** ◯ **If yes, continue to question 2.**	**No** ◯ **If no, continue to complete the form.**	
2. Are you in receipt of Early Years Inclusion Funding for the child?	**Yes** ◯ **If yes, continue to complete the form, including the following 2 questions about EYIF.**	**No, because child has a final EHC plan** ◯ **Continue to complete the support request form.**	**No and the child DOES NOT have a final EHC plan** ◯ **If you wish to refer to EYSEN specialist support, please apply for Early Years Inclusion Funding first – this is typically needed as part of your graduated response to meet the child's needs. If funding is not in place, you can still request support, but please explain why you have not applied for EYIF in the graduated response section of the form.**

Early Years Inclusion Funding - Date Awarded:	
Early Years Inclusion Funding - Number of hours or banding awarded:	

4. Referred for

The Early Years Special Educational Needs Specialist Support Service:		**Educational Psychology Service (EPS):**	

5. Early Years Provision

Setting name:	
Setting address:	
Setting postcode:	
Setting URN:	
Setting telephone number:	
Setting email:	
Name of setting SENCO:	
Date child started at setting:	

Times that the child attends - please include any detail of split placements:

Monday		Tuesday		Wednesday		Thursday		Friday	
am	**pm**	**am**	**pm**	**am**	**pm**	**am**	**pm**	**am**	**pm**

Total hours attended/week:		**Total number of funded hours attended /week:**	

6. 'All About the Child':

Support requests for specialist services must include evidence of a graduated response to the child's learning. If this is not included, support requests may be declined. Please provide as much information regarding the Graduated Response as possible in the following boxes. Please complete electronically allowing the boxes to extend.

Please complete all the parts of this section, providing evidence of the child's level of development. This section may include any diagnosis the child has. Developmental evidence must include information from an appropriate developmental profile. Please show the successes and challenges the child faces through your shared narrative.

Communication and language

Personal, social and emotional development

Physical Development

The Graduated Response - Please describe the work you have done at the universal level and the work you are currently doing at a targeted level of the graduated response to meet the child's current needs in your setting.

Universal (assess, plan, do and review)

Targeted/Targeted Plus (assess, plan, do and review)

Further descriptions of the child's special educational needs (this may include other needs such as sensory processing needs, medical needs etc.)

Challenges faced – describe the challenges for your setting in meeting the needs of this child

7. Agencies involved with the family

Please ensure that the advice of these supporting professionals has been included with the evidence of your graduated response. If you have referred this child for support and are waiting for intervention, please state the date the support request was made.

Agency	Name	Frequency of Visits	Contact Number AND email address
Health Visitor			
Paediatrician			
Speech and Language Therapist			
Physiotherapist			
Occupational Therapist			
Teacher of the Deaf Team			
Vision Impairment Team			
Physical Impairment Team			
EYSEN Service (includes DPS, Outreach Team and specialist teacher support)			
Educational Psychologist			
Early Help support			
Specialist Hospital Consultant			
Social Worker			
Anyone else providing help or support for the child			
Anyone else providing help or support for the child			

Name:	
Email:	
Job role:	
Date:	

Completed form to be emailed to: CS.EYSEN.referrals@derbyshire.gov.uk