Early Years Special Educational Needs Service

Derbyshire Portage Service Referral Form

Portage is a home visiting educational service for pre-school children, who have significant developmental delay/complex Special Educational Needs (SEN), and their families.

Before completing the referral form, please check that the following criteria has been met:

The child will:

- live within the boundaries of Derbyshire County Council
- be aged from 4 months to 4 years old
- have significant developmental delay/complex special educational needs
- face considerable challenges, with needs that affect their day-to-day life (after support from other professionals)
- not be accessing early education in a setting, childminder, or school, or be starting one within 4 months
- have a family who are committed to working regularly with a Portage Home Visitor

Please complete all sections electronically using the expandable boxes. Incomplete sections will result in the referral being declined. Parental or legal guardian consent must be obtained before submission.

Privacy Notice

Everyone working for the Local Authority has a legal duty to keep information about you and your child confidential. To provide the best support, all services working with you and your child need accurate and up-to-date information. We only share or use information when there is a genuine need to do so. For details about what information we share, who we share it with, how we store your data, and your rights, please visit www.derbyshire.gov.uk/privacynotices

Child's Details	
Legal Surname:	
Forename:	
Date of Birth:	
Any Former Surnames:	
Gender:	Male: ◯ Female: ◯
Address:	
Postcode:	
Child's First Language:	
Ethnicity:	

Primary Parent/Carer Details

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

Parent/Carer Details

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

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 the child to be referred to the EYSEN Derbyshire Portage Service.**	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:

All about the child:

What are the child's strengths and interests? What is working well?

What are the child's differences, or area(s) of need? What do they need support with?

Please select all that apply.

Speech, Language and Communication Needs	
Social, Emotional and Mental Health	
Physical	
Cognition and Learning	
Social Communication Differences	
Sensory Processing Needs	
Profound and Multiple Learning Difficulty	
Medical Needs	

Provide a comprehensive description of the child's differences, area(s) of need, or support required:

What has already been implemented for the child? Please list any referrals, strategies, interventions or support already trialled / in place.
Any Additional Information:

Has a Section 23 Notification of SEND 0-5 Years been completed?	Yes ◯	No ◯
If yes, please detail the date of submission:		

If a Section 23 Notification of SEND 0-5 Years has not been completed, please complete the form found on the Derbyshire Local Offer: NHS Notification of SEND 0-5 years - Derbyshire Local Offer

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 ◯

Professionals and Agencies

Where the child is waiting for support, please include the date the referral was made.

Agency	Name	Contact Number	Email Address
Health Visitor			
Paediatrician			
Speech and Language Therapist			
Physiotherapist			
Occupational Therapist			
Teacher of the Deaf Team			
Vision Impairment Team			
Physical Impairment Team			
Educational Psychologist			
Early Help Support			
Specialist Hospital Consultant			
Social Worker			
Any other			

Referrer Details

Name:	
Profession:	
Address:	
Postcode:	
Telephone Number:	
Email Address:	
Date:	

Please submit securely to CS.EYSEN.referrals@derbyshire.gov.uk