

Referral for Early Years SEN Outreach Team

Please complete this form electronically and try to include all your information within the expandable boxes. Permission must be sought if you are completing section 2 as well as section 1 to make a referral.

Information for parents and referrers

Everyone working for the Local Authority and the National Health Service 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

Section 1

The first section should be completed by all referrers. **Please ensure parental email address is included for ease and security of communication.**

Section 2

Please use sections 1 and 2 for referral to the Derbyshire Early Years SEN (EYSEN) Outreach Team.

Section 1: Child's Details:

(NHS Notification to the LA of child under 5 years old with SEND and all referrals)

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

Parent's/ Legal Guardian Information:	Please indicate everyone who has parental responsibility:
Parent / Legal Guardian's name and email address (1):	
Parent / Legal Guardian's name and email address (2):	
Parent / Legal Guardian's name and email address (3):	
Parent / Legal Guardian's name and email address (4):	

Brief summary of child's special educational needs including any diagnosis:

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Please indicate the most significant or primary need for the child:

(Please select one box only).

Communication and interaction – Speech, language, and communication needs:		Sensory and/or physical needs – physical disability:	
Communication and interaction – ASD (May include sensory processing needs)		Sensory and/or physical needs – Deaf or hearing impaired:	
Cognition and learning:		Sensory and/or physical needs – Vision impairment:	
Social, emotional, and mental health difficulties:		Sensory and/or physical needs – multi-sensory impairment (Hearing and vision impaired)	

Notification

I wish to notify Derbyshire County Council about a child under compulsory school age who has or may have a disability or special educational need. Health practitioners have a duty to notify the LA under the SEND Code of Practice 2015 and section 23 of the 2014 Children and Families Act. I confirm that I have taken the following actions:

Discussed with parents/carers that I believe their child has (or is likely to have) SEND:	
Given the parents/carers an opportunity to discuss their child's additional needs and the likelihood of SEND:	

Informed parent/carers that health professionals have a duty to notify the local authority by completing this form:	
Advised parents of the SEND Local Offer website and organisations that may be able to provide support and advice about SEND which their child may have, including voluntary organisations that are likely to be able to provide advice or assistance:	
Completed by:	
Setting:	
Date:	

Section 2: Referral

Before completing this form, please complete this check list to ensure that this child is eligible for referral.

Answer these questions:	Yes / No
Is your setting a Derbyshire Early Years setting?	
Has the parent/carer given consent for this referral?	
Has the child had a graduated response of assess, plan, do, review at a TARGETED level at your Early Years setting?	

If you have answered 'yes' to these questions AND there has not been an application for an education, health and care needs assessment for the child, please continue to the next check list section.

Does the child have significant or complex SEMH needs, sensory processing needs or a diagnosis which impacts their behaviour within your setting?	
Are children or adults at risk of harm?	
Is the child at risk of being offered reduced hours of attendance/part-time timetable or excluded as a consequence of the challenges faced?	

If you have answered yes to one of these 3 questions, in addition to answering yes to each of the initial set of questions, then please continue to the next section of the form.

Are you in receipt of Early Years Inclusion funding for this child?	
Does your setting have the capacity to engage fully with the outreach team as described on the Local Offer? EYSEN Outreach team - Derbyshire Local Offer	

1. PARENTAL CONSENT

A referral cannot be accepted without seeking parental/legal guardian consent. In the case of looked after children, this must be the social worker.

Settings are responsible for ensuring that parent(s)/carer(s) have given permission for this referral and are aware that the setting is sharing information about their child as part of this request.

Parent(s) / Carer(s) have given permission for this referral:	
Parent / Carer Name(s):	
Telephone number:	

Other members of the household Names:	Relationship to the child:	Age (if 18 or under):
Other significant adults:		
Please provide any information that is relevant to the staff member's health and safety when working in the home (including safeguarding):		
Is the child subject to any order under childcare legislation? (is the child a 'Child in Care' of a Local Authority?)	Yes	No
Has an Early Help Assessment been completed? (if so, please attach a copy to the email with this referral form)	Yes	No

2. EARLY YEARS PROVISION

Setting name:	
Setting address:	
Setting postcode:	
Setting URN:	
Setting telephone number:	
Setting email:	
Name of setting SENCO:	

Number of hours child attends and attendance pattern, please include any detail of split placements:									
Monday		Tuesday		Wednesday		Thursday		Friday	
am	pm	am	pm	am	pm	am	pm	am	pm

Total number of hours attended per week:		Total number of funded hours attended per week:	
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3. DESCRIPTION OF NEEDS AND DEVELOPMENT (prime areas only)

Please complete the sections below providing evidence of the child's level of development. This section may include any diagnosis the child has. Developmental evidence should include information from a 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

4. 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 (assess, plan, do and review):

5. CHALLENGES FACED

Restricted on completion

Describe the challenges for your setting in meeting the needs of this child

6. OTHER AGENCIES INVOLVED WITH THE FAMILY

Agency:	Name:	Frequency of visits:	Contact number or email:
Health Visitor			
Paediatrician			
Speech and Language Therapist			
Physiotherapist			
Occupational Therapist			
Hearing Impairment Team			
Vision Impairment Team			
Physical Impairment Team			
Educational Psychologist			
Early Help Support			
Specialist Hospital Consultant			
Social Worker			
Anyone else providing help or support for the child			

7. REFERRED BY

Name:	
Position:	

The EYSEN Outreach team work to assess and support the needs of the child in your setting is a block of work concentrated over 8-10 weeks. By completing the application form you are agreeing to work in partnership with the EYSEN Outreach team staff for the duration of the intervention time to ensure the best outcomes for the child.

Signature:	
Date:	

Please return completed form to:

Email: CS.EYSEN.Referrals@derbyshire.gov.uk