

Referral for Early Years SEN Outreach Team

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 referral.

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 referral form. If any sections are left incomplete, then your referral to the Derbyshire Early Years SEN (EYSEN) Outreach Team will be declined.

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

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: 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

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/carers have given permission for this referral:		Yes	No
Parent/carers name: (please indicate if they have parental responsibility):		Phone number and email:	
Names of other household members:	Relationship to the child:	Age: (if appropriate)	

Other significant adults:

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

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

3: 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:					

4: 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 challenged the child faces through your shared narrative.

Communication and Language**Personal, social, and emotional development****Physical Development****5: 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)**

6: Challenges faced

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

7: Other agencies involved with the family

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.

<u>Agency</u>	<u>Name</u>	<u>Frequency of Visits</u>	<u>Contact Number AND email address</u>
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			
Anyone else providing help or support for the child			

8: Referred by**Name:****Profession:**

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 send the completed form to:**
CS.EYSEN.Referrals@derbyshire.gov.uk