**Early Years Team**

Civic Offices

Knoll Street

Cleethorpes

DN35 8LN

Email: earlyyearsnelc@nelincs.gov.uk

**Request for Advice & Support from the Early Years Team**

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| **Name of Child** |  | **DOB** |  | **Hours attending** |  |
| **Name of setting/school** |  | **Date of referral** |  | **% attendance** |  |
| **Person making referral** |  | **Email** |  |

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| **Background** | **Highlight** |
| Is the child on your SEND register? | No  | Yes |
| Does the child have an EHCP? | No  | Yes |
| Does the child have a My Plan/ Support Plan (or similar) | No  | Yes |
| Does the child have a diagnosis? (Please provide details & a copy of professional diagnosis) | No  | Yes |
| Is the Child Looked After? | No  | Yes |
| How long has the child been in your setting? |  | Previous Setting: |  |  |
| Is the child accessing their full entitlement? (If not, please explain why not) | No  | Yes |

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| **Please provide any relevant information e.g. ASQ scores / All WellComm Scores (including progress)** |
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| **Please provide up to date Age Related Expectation measures (Birth to 5):** | Range 1 | Range 2 | Range 3 | Range 4 | Range 5 | Range 6 |
| Communication and Language |  |  |  |  |  |  |
| Personal, Social, Emotional |  |  |  |  |  |  |
| Physical Development |  |  |  |  |  |  |

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| **Please indicate any other agencies involved (please indicate if still involved)** |
| Health Visitor |  | Portage |  | Speech & Language |  | Access Pathway  |  |
| Social Care / Early Help / TAF |  | Hearing & Vision |  | CDC/Paeds |  | EY Inclusion Funding |  |
| Occupational Therapy/Physio |  | Educational Psychology |  | Other (Please specify) |  |

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| **What is going well?** |
| **Child’s voice** (please visit [NELC SEND Local Offer | Capturing the voice of the child - NELC SEND Local Offer (nelincs.gov.uk)](https://sendlocaloffer.nelincs.gov.uk/capturing-the-voice-of-the-child/) for support on how to capture this.) |
| **Parent / Carer’s views:** |
| **Setting’s / School’s Views:** |

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| **What are we worried about?** |
| **Child’s voice**  |
| **Parent / Carer’s views:** |
| **Setting’s / School’s Views:** |

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| **Is there any other information you think we need to know?** |
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| **What are the desired outcomes of the support?** |
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# Please include the child’s support plan showing what interventions are already in place as part of your Graduated Approach & their impact so far.

Once this referral has been triaged, you may be offered an online consultation. During this, the EY team member will plan the next steps with you.