

**EYInc 4
Request for Service Involvement**

Background Information of Child's Individual Needs at SEN Support

Notes on the completion of this form:

This form will provide the Early Learning & Childcare Team with information about a child's individual needs. The information will be used to determine the level of support provided for the setting and / or the child as appropriate. It is therefore important for practitioners to work closely with the child's parents / carers and other specialists as necessary in compiling this information. **The initial parent meeting is key to ensuring clarity and shared purpose and the setting should convene a meeting with parents/carers to discuss the individual child and complete the form at that meeting.**

Once completed, the form should be returned to: Hazel Baker, Early Learning & Childcare Team - People Directorate, Wigan Life Centre – South, Wigan Council, PO Box 100, Wigan. WN1 3DS

SECTION 1:

Child's name	Date of Birth	Male / Female (Please circle)
Address		
Post code Tel No or Mobile:		
Email		
Is this address within the Wigan Borough? YES / NO If 'NO' What Borough does the family reside in?		
Home Language		
Parent/Carers name (Person with Parental responsibility)		
Local Startwell Centre (to home address)		
Setting Name & Address Telephone No		

Session Information

Start date at the setting:

Days and times:
.....

Is the child accessing 2 year old funding?	Yes		No		
Is the child accessing 30 hours?	Yes		No		

Setting SENCO

Keyworker.....

Form completed by **Position**

Address

Date.....

SECTION 2:

Other professionals / agencies working with the child

Please list names, designation and addresses of any other agencies or organisations who are known to be working with the child (eg speech therapist, health visitor, social worker etc)

Name	Designation	Contact Address	Tel
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Is the child known to Social Care: Yes/ No

Details:
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Is there a EHF in place: Yes/ No/ Closed

Details:
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.....
.....

Lead Professional Details (Name, Agency, Job Title):

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.....

Please indicate the child's Primary Need:

(tick one box only)

Cognition and Learning

Communication and Interaction

Social, Emotional and Mental Health

Medical Needs

Physical Needs

Sensory

(If sensory please indicate whether visual or hearing)

Any other needs:

Please give further details of Health and/or care needs, including any diagnosis already in place

Is the child in receipt of DAF funding or EYPP? How is this being used to support to their learning and development?

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What is working

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What's not working so well

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What needs to be done?

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.....

Please indicate what you would you like to gain from the involvement of the Early Learning & Childcare Team? The list below identifies the main areas in which we can work in partnership with services/settings.

(tick relevant box)

- Additional advice or support
- Assessment of the child in the setting
- Development of an SEN Play Plan
- Portage
- Advice and support for the family regarding funding
- Nursery education

Please add additional information as appropriate

SECTION 3:

What are the parents / carers views or feelings about the child's needs/ outcomes they wish to achieve?

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What are the child's views? Consider what the child likes doing and how they respond? (Such views can be collected via observations e.g. what the child likes/dislikes/responds to etc)

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Support family is current accessing

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SECTION 4: Parental Consent for Team Discussion / Involvement

To be completed by the parent/carer/social worker who has parental responsibility. Please tick the boxes to indicate the statements you agree too:

- I give consent for the Early Learning & Childcare Team member to observe, consult and assess my child
- I give consent for the Early Learning & Childcare Team to contact me direct to arrange a Portage Initial Assessment
- I understand that information will be recorded and stored on a data base with the Early Learning & Childcare Team
- I agree to the sharing of information between the setting, services currently involved and other agencies that may be able to support / give advice on my child's development as detailed in the Policy Notice attached.
- I give consent for a request for Targeted Individual Support to be considered.
- I give consent for transition information to be given to any setting or school to which my child is due to attend
- I understand I will be kept fully informed of the outcome of any discussions by my child's early years setting or lead professional in a setting.
- I give consent for the Early Learning and Childcare Team to contact me to offer training and or invite me to Parent Partnership sessions

The Council holds personal data in accordance with the General Data Protection Regulations (GDPR). We hold your personal data as set out in our Data Primary Privacy Notice and EYInc 4 Request for Involvement privacy notice which can be viewed on the Council's website www.wigan.gov.uk. If you would like any guidance please contact GDPRQueries@wigan.gov.uk

Signed..... Date.....

Relationship to child.....

SECTION 5: To be completed by the setting

This referral has been discussed and agreed with the ELCC Team and I have attached copies of the documents requested below:

- EYInc 3 – SEN support plan
- Updated Tracker or Pupil Card

Name

Signed..... Date.....

SECTION 6: To be completed by the setting

Statement of Assurance:

I confirm that (Name of Setting) has a Privacy Notice in place which complies with the General Data Protection Regulations (GDPR) to enable the sharing of the data above.

Name:

Signed:.....

Position:

Date:

Please return this form to:
Hazel Baker, Early Learning & Childcare Team - People Directorate, Wigan Life Centre – South, Wigan Council, PO Box 100, Wigan. WN1 3DS

It is the responsibility of the Setting/Professional making the referral to ensure it reaches the ELCC. If you have not had acknowledgement to the referral after a month please contact Hazel Baker on 01942 828849.