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**Application for Early Years Additional Resources (EYAR)**

**This form can be used to consider:**

1. **Targeted Individual Support (TIS) 2**
2. **If an Education, Health and Care needs Assessment maybe required**
3. **Specialist provision (Observation and Assessment**

 **places, Resourced places, Special School places)**

Assessments, Reports and Information

|  |  |
| --- | --- |
| **Report checklist** - ***This is essential information needed****(please tick report included within this application)* | Report included (please tick) |
| Please list the professionals involved with the child |  |
| Tracker Data (EYFS Scores) |  |
| At least 2 SEN support plans showing interventions overtime |  |
| Medical/Therapy Report(s) |  |
| Parent/carer medical questionnaire |  |
| \* If a social care are involved the applications **MUST** include advice from the social worker |  |
| \* If Child is Looked After (CLA) the application **MUST** include PEP **and** social worker views |  |

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**REFERRAL FOR EARLY YEARS**

**ADDITIONAL RESOURCES**

Essential information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | DOB |  | Gender |  |
| Home Address of Child/Young Person  |  |
| Name & Address of Parent(s)/Carer(s) (if different from above |  |  |
| Home Phone |  |  |
| Mobile |  |  |
| Email |  |  |

|  |  |
| --- | --- |
| Name of Setting |  |
| Date ofAdmission |  | Age in Months |  | Home Language |  |
| Other settings attended within the last 12 months |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the child/young person in Public Care? | Yes |  | No |  |

|  |
| --- |
| Primary (main) category of need as defined in the Code of Practice (please tick one) |
|  |  |   SpLD MLD SLD PMLD |  |  |    SLCN ASD |  |  |    SEMH |  |  |   HI VI MSI PD |
| C & L |  | C & I |  | SEMH |  | S/P |  |
|  |  |  |  |  |  |  |  |

Cognition and Learning – Specific Learning Difficulty; Moderate Learning Difficulty; Severe Learning Difficulty; Profound and Multiple Learning Difficulty.

Communication and Interaction – Speech, Language and Communication Needs; Autistic Spectrum Disorder

Social Emotional, Mental Health

Sensory / Physical – Hearing Impairment; Visual Impairment; Multisensory Impairment; Physical Difficulty.

**Section 1: Interests, Views and Aspirations.**

(Includes personal profile, family profile, family resilience, parental / child views, what is working? who is involved with me?) **It is important to be clear who’s view is being expressed, whether it is the child, parent or professional.**

Personal Profile – All about \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **This is my personal profile, this section has been completed by :** |
| **Current photo of me** | **What people like and admire about me?**  |
| **Who/ What is important to you?** |

Views and Aspirations

**Parents** - Such views should be expressed during a multiagency meeting to complete this application and also may have been recorded on IEPs, Progress Reports or similar documents. Comments could be cut and pasted from IEPs, action plans if these are documents are not enclosed.)

**Child** - Such views may have been collected via asking the child, observations e.g. what the child likes/dislikes/responds to etc. or may be recorded on IEPs, Annual Reports or similar documents. If so, simply attach the relevant documents.) ***YOU MAY WISH TO COMPLETE AND ENCLOSE A VOICE OF THE CHILD FORM*** – accessed from the Local Offer website.

|  |
| --- |
| **Child’s Views / Aspirations:** |
| **Parents’/Carers’ Views / Aspirations:**  |

 **Section 2 – My strengths and Current Functioning**

Background / My Story

|  |
| --- |
| **Please provide any background information relevant to the child’s needs or situation**. Detailed information about specific strengths and needs are requested in the next section. |
|  |

 **Description of my strengths and needs**

|  |
| --- |
| **Please describe the child’s needs in those areas in which you feel able to comment.** You may wish to comment in relation to: Cognition and Learning, Communication and Interaction, Social, Mental and Emotional Health, Physical and Sensory (Hearing and Vision), Attendance, and Cultural and religious factors as appropriate. |
| **Cognition and Learning** **Strengths:** |
| **Areas of difficulty:** |
| **Communication and Interaction** **Strengths:** |
| **Areas of difficulty:** |
| **Social Emotional Mental Health** **Strengths:** |
| **Areas of difficulty:** |
| **Physical & Sensory** (Hearing and Vision)**Strengths:** |
| **Areas of difficulty:** |

**Section 3: Progress, assessments and current provision**

Please enter data for child on entry and data on current development. Please list the three prime areas.

|  |  |
| --- | --- |
| **Baseline scores and age in months** | **Current scores and ages of months**  |
|  **Area of Development** | **PSED** | **C & L** | **PD** | **PSED** | **C & L** | **PD** |
| **Emerging** |  |  |  |  |  |  |
| **Working within** |  |  |  |  |  |  |
| **Secure** |  |  |  |  |  |  |

Current Provision

|  |
| --- |
| **Please describe previous and current provision/programmes of support provided and what has been the impact?****NB It is important to highlight what support is over and above what you would usually provide for a child of a similar chronological age.** |
| **Nature of support** | **Interventions** | **How often** *(if stating a session specify how long the session is)* | **Start date** | **Group size / ratio**  | **Impact** |
| ***e.g. Targeted Support Worker / Staff support etc*** | ***Speech and language programme*** | ***2x 15 mins per day*** | ***Sep 14*** | ***Group of 4*** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Section 5 Consents:**

**Referrer**

This request has been completed and discussed with those who have parental responsibility i.e. child's parent(s)/carer(s) / social worker, who have given permission for the enclosed information to be shared.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Referrer |  | Agency |  |
| Position |  | Date |  |
| Signature  |  |

**Those with parental responsibility: Parents/Carers/Social Workers**

You should note that by signing this form you:

* Are agreeing to the gathering and sharing of information as detailed in the attached Fair Processing Notice.
* Are giving consent for this request for additional resources to be considered. If the Local Authority determine that an Education, Health and Care needs assessment is required you will be contacted to confirm consent prior to this process beginning.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person with parental responsibility: |  | Date |  |
| Signature |  | Role | Parent Carer Social Worker \*delete as appropriate.  |

**PLEASE NOTE: It is strongly recommended that the referrer gives who ever has parental consent a copy of this signed application form along with any supporting evidence.**

**This referral and supporting documents can be sent by post to:**

Special Educational Needs and Disability Service
People Directorate: Children and Families
Wigan Council
P O Box 100, Wigan, WN1 3DS

|  |  |  |
| --- | --- | --- |
| Has information been shared regarding the Local Offer, If no, signpost to [*www.wigan.gov.uk/sendlocaloffer*](http://www.wigan.gov.uk/sendlocaloffer) | Yes | No |



**Fair Processing Notice**

Wigan Council SEND Team works with a range of teams and agencies within the Council and the NHS to provide support to children and young people with Special Educational Needs and Disabilities (SEND) and their families.

These include:

* Early Learning and Childcare Team
* Education Psychology Service
* Specialist Sensory Education Team
* Gateway Locality Teams
* Targeted Education Support Service
* Ethnic Minority Achievement Services
* Youth Offending Team
* WWL NHS foundation Trust
* Wigan Borough Clinical Commissioning Group
* Social Care Teams

The SEND Team needs to consider the child’s difficulties across education, health and social care where necessary. To achieve this the SEND Team will sometimes need to exchange information with other teams in the NHS and Local Authority. This includes some basic details such as name, address, date of birth and any other appropriate information that you might have given to a member of the team, for example:

* Who is in your immediate family and the type of support your family needs
* Which agencies might have helped you in the past
* Details about gender and ethnicity

This information is held securely on a number of databases on Local Authority and NHS IT systems. With your consent, we will share this information, but only if it is beneficial to you. Your information will not be passed on to anyone else unless we are legally bound to do so or if there is a risk of serious harm to you or anyone in your family. This is in line with the principles of the 1998, Data Protection Act. Under this Act you also have a right to see a copy of the information we have on your family.

In order to make sure that you get the right help at the right time, we would like to update your details on a regular basis so that our records are current. We will do this by asking you directly to let us know if any of your details have changed.

If you require any more information you can speak to one of the SEND team members on 01942 486136