

# SEND 0-25 Early Years Support & Assessment Team Referral Form

For children aged 0-5 years with significant and complex medical, developmental and/or social needs



## Criteria for involvement:

- An identifiable syndrome, condition or disability that significantly affects ability to access learning other than; Multi-Sensory Impairment, Hearing Impairment, Physical Impairment, Visual Impairment or an Autism diagnosis.
- Delay of more than 6 months in three areas of development (Prime or Specific)
- Transfer from another Local Authority where SEND has already been identified.

We will also accept the Common Assessment Framework form (CAF) as a referral providing that a referral to the Early Years Support and Assessment Team and the reasons for that referral are documented in the agreed actions and signed by Parents/Carers. In order to progress this referral form we require as much detail as possible. **Forms lacking adequate detailed information will delay appropriate next steps for this child.** We suggest that professionals referring a child complete this form in partnership with parents.

## Child's Details

Child's Name:	Date of Birth:	Female
Address:		Male
	Is this child looked after by local authority ?	
	YES	NO
	No of children in family:	Position of child in family:eg 2 <sup>nd</sup> of 3

## Parent/Carer Details

Please provide full names and addresses (if different) of each Parent/Carer responsible for the child. Please indicate who has parental responsibility.

<b>1. Name:</b>	<b>2. Name:</b>
<b>Relationship to child:</b>	<b>Relationship to child:</b>
<b>Address:</b>	<b>Address:</b>
<b>Postcode:</b>	<b>Postcode:</b>
<b>Contact No:</b>	<b>Contact No:</b>
<b>Mobile No:</b>	<b>Mobile No:</b>
<b>Email address:</b>	<b>Email address:</b>

## Referrer Details:

<b>Name:</b>	<b>Address:</b>
<b>Designation:</b>	<b>Contact No:</b>
<b>Referrers Signature:</b>	<b>Date:</b>

<b>Is this child attending or on a waiting list for a school or any other setting e.g. childminder, playgroup?</b>	
<b>Name of Setting/School</b>	<b>Type of Setting/School</b>
<b>Address of Setting/School</b>	<b>Contact Number</b>
<b>Child attends full/part time</b> (please give full details)	<b>Contact person in School/Setting</b>
<b>Why are you referring this child? Please summarise your main concerns:</b>	

### Consent for EYSAT Involvement

Any information that you provide will be used by Solihull EYSAT to help us tailor services for your child. Your information will be treated as confidential, and stored in a secure way. It will only be shared with other council services and partner organizations to ensure our records are kept accurate.

We may also need to share your information for the prevention and detection of fraud and/or other crimes or as the law requires. For further information about how we use your information please refer to the Council's Privacy Statement on [www.solihull.gov.uk](http://www.solihull.gov.uk).

[Your records will be kept for 25 years for audit purposes and in the event we need to provide information about the service you have received.](#)

	Yes	No
I confirm I understand why you want my information and I have had the opportunity to consider this.	<input type="checkbox"/>	<input type="checkbox"/>

I agree that the information will be shared with other professionals who are already involved with my child, or other agencies that may become involved in the course of any support offered to my child. This will be done in accordance with Solihull's MBC Information Sharing Protocols. This will only be information that is relevant and necessary and will only be shared with people who need that information at that time.	<input type="checkbox"/>	<input type="checkbox"/>
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I give permission for the EYSAT to request relevant medical information relating to my child's needs.	<input type="checkbox"/>	<input type="checkbox"/>
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I understand I can opt out and withdraw my consent at any time by contacting the 0-25 Children and young People's Service Business Support Unit on 0121 7046690	<input type="checkbox"/>	<input type="checkbox"/>
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I give consent for you to record and hold my information for the purposes explained to me.

**Name of Parent/Carer:** \_\_\_\_\_ *(please print)*

**Signature:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Data Protection

Information given by you is needed to help staff in supporting children and maintaining records of children with whom staff are involved. The information is kept, in part, on a computerised database and, in part, as paper records and may be shared with health and welfare practitioners, other education departments and other appropriate agencies. All information kept complies with the principles of the Data Protection Act 1998.

**Please identify other professionals involved with this child.**

Professional	Name	Telephone Number /Email address	Base
G.P			
Health Visitor			
School Nurse			
SLT			
Physiotherapist			
Occupational Therapist			
Educational Psychologist			
Paediatrician			
Social Worker			
Early Years & Childcare			
Other e.g. SOLAR			

**Team Around the Family/Engage**

Already in Place?	Yes	No
Name of Lead Person	Address/Contact Number?	

**Family background: Please provide any family information that you feel will be helpful**

**Needs: Please summarise and provide supporting evidence of your concerns in each area of need where possible.**

<p><b>Health</b> –Does the child have:</p> <ul style="list-style-type: none"> <li>• Any existing medical needs?</li> <li>• A diagnosis?</li> <li>• Any regular medication?</li> <li>• A Care Plan? If so please attach.</li> </ul>	<p>Please explain your information further:</p>
<p><b>Vision/Hearing</b> - Do you have concerns re: vision/hearing? Has the child had vision/hearing tested?</p>	
<p><b>Sensory</b> - Does the child seek out or avoid:</p> <ul style="list-style-type: none"> <li>• Light?</li> <li>• Smell?</li> <li>• Touch?</li> <li>• Sound?</li> <li>• Movement?</li> <li>• Other?</li> </ul> <p>Does the child exhibit:</p> <ul style="list-style-type: none"> <li>• Excessive fidgeting?</li> <li>• Fiddling with objects or people?</li> <li>• Need activity breaks?</li> </ul>	<p>Please explain your information further:</p>
<p><b>Speech and Language (Expressive skills)</b> – How does the child express themselves? Do they use:</p> <ul style="list-style-type: none"> <li>• Words?</li> <li>• Gesture?</li> <li>• Facial expression?</li> <li>• Makaton?</li> <li>• Eye contact?</li> </ul> <p>Do they respond to a direct question? Do they interact spontaneously?</p>	<p>Please explain your information further:</p>
<p><b>Speech and Language (Receptive skills)</b> - Does the child: -</p> <ul style="list-style-type: none"> <li>• Understand what you say to them?</li> <li>• Understand verbal and non-verbal approaches?</li> <li>• Follow simple instructions?</li> <li>• Follow routines?</li> <li>• Watch or follow their peers?</li> </ul>	<p>Please explain your information further:</p>

<p><b>Social communication</b> -. Does the child interact with</p> <ul style="list-style-type: none"> <li>• Adults?</li> <li>• Peers?</li> <li>• Do they dominate conversation?</li> <li>• Sustain conversation?</li> <li>• Use or pick up on non-verbal communication?</li> <li>• Show a literal use and understanding of language?</li> </ul> <p>Does the child utter:</p> <ul style="list-style-type: none"> <li>• Repetitive phrases?</li> <li>• Say things out of context?</li> <li>• Give random answers to questions?</li> <li>• Do they use the same language for a variety of audiences?</li> </ul>	<p>Please explain your information further:</p>
<p><b>Flexibility and rigidity of thought</b> -</p> <p>What happens at :</p> <ul style="list-style-type: none"> <li>• A change of activity?</li> <li>• A change of routine?</li> <li>• When something new is introduced?</li> <li>• When a new person is introduced?</li> </ul>	<p>Please explain your information further:</p>
<p><b>Behaviour</b> - Are there any behaviours that are unusual? Are there any concerning behaviours? Are there any Health and Safety concerns regarding this child?</p>	
<p><b>Gross motor skills</b> - Describe the child's gross motor skills. What is their posture like when:</p> <ul style="list-style-type: none"> <li>• Sitting?</li> <li>• Walking?</li> <li>• Running?</li> </ul> <p>Can the child:</p> <ul style="list-style-type: none"> <li>• Balance?</li> <li>• Jump?</li> <li>• Pedal?</li> <li>• Kick a ball? / Catch? / Throw?</li> <li>• Is the child co-ordinated and can he/she keep up with the pace of the class?</li> </ul>	<p>Please explain your information further:</p>

<p><b>Fine motor skills</b> - Describe the child's fine motor skills.</p> <ul style="list-style-type: none"> <li>• What kind of grip do they use when picking up things/holding pencils etc?</li> <li>• Does the child show hand dominance?</li> <li>• Does the child look at what he/she is doing?</li> </ul> <p>Does the child:</p> <ul style="list-style-type: none"> <li>• Mark-make?</li> <li>• Draw?</li> <li>• Paint?</li> <li>• Post?</li> </ul>	<p>Please explain your information further:</p>
<p><b>Play skills</b> - How does the child play?</p> <p>Do they play with:</p> <ul style="list-style-type: none"> <li>• Others?</li> <li>• Alongside others?</li> <li>• Alone?</li> </ul> <p>Can they show:</p> <ul style="list-style-type: none"> <li>• Pretend play?</li> <li>• Imaginative play?</li> </ul> <p>Do they play repetitively with :</p> <ul style="list-style-type: none"> <li>• Specific objects?</li> <li>• Repeatedly go to specific learning areas?</li> </ul>	<p>Please explain your information further:</p>
<p><b>Cognition</b> - Does the child know?</p> <ul style="list-style-type: none"> <li>• Colours?</li> <li>• Shapes?</li> <li>• Numbers?</li> <li>• Counting?</li> <li>• Letter sounds?</li> <li>• Phonics?</li> </ul> <p>Can the child plan, choose and complete an activity?</p> <p>How long can the child sustain attention?</p>	<p>Please explain your information further:</p>
<p><b>Self-help skills</b> -</p> <ul style="list-style-type: none"> <li>• Can the child use the toilet independently?</li> <li>• Will they wash their hands?</li> <li>• Can child put coat on/off independently?</li> <li>• Can the child take clothes/shoes/socks off/on independently?</li> </ul>	<p>Please explain your information further:</p>

**Child's Educational Needs**

**Is this child on the Special Educational Needs Code of Practice?**

No		SEND Support		EHCP requested		EHCP in place	
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**Please give details of any reduced timetable**

**Please outline all strategies used to support the child and their outcomes and include any individual plans**

**Additional information to support referral**

Please attach any additional relevant information that you may hold e.g.

- ASQ
- Playplans/Individual plans
- Observations and/or Assessments
- Any reports previously written
- Details of any strategies or interventions
- Any general background information

The information on this form will be recorded on a database along with any details relevant to subsequent EYSAT involvement. These records will be held and used in accordance with the Data Protection Act 2018 and the General Data Protection Regulation 2018. We are compliant with Solihull Metropolitan Borough Council's Privacy Notice [www.solihull.gov.uk](http://www.solihull.gov.uk). This information is being collected for the purpose of determining the educational needs of the named child or young person. It may also be shared with other professionals actively involved with the named child or young person, to inform their work. The information collected may also be used for the wider purpose of providing anonymous statistical data used to assist with monitoring provision and/or determining areas of need in order to target future resources.



## **Guidance notes for completing the SEND 0-25 Early Years Support & Assessment Team Referral form**

To help to avoid errors, please complete the application form using **BLOCK CAPITALS**. The completed application form will then be processed and passed to the relevant team.

### **The following factors will delay the referral process:**

- Incomplete information provided
- Inability to authenticate current address and phone numbers
- Parental questionnaire not completed and attached

### **Please Note:**

- The person referring the child/young person must be of a professional nature i.e. (Teacher, Doctor, Paediatrician, Nurse, SENCO, etc.)
- **N.B : Parents cannot directly refer their child to the SEND 0-25 Early Years Support & Assessment Team**
- All pupil details **must** be completed
- All referrer details **must** be completed with an address so that we can write back to you if necessary
- Parental consent **must** be obtained either by signing the completed form or by verbal agreement. If verbal agreement has been obtained, then the referrer **must** sign to say consent agreed verbally with their name and title

For enquiries concerning the completion of this form, please contact the SEND 0-25 Service on 0121 704 6690 during our office opening hours (8:30 – 16:30) Monday to Friday.

All documentations relating to the pupil including the application form will be kept on our files.