

**Educational Psychology & Early Years SEN Support Service**

3rd Floor, Empire House, Wakefield Old Road, Dewsbury, WF12 8DJ

Tel: 01924 483744 Email: dewsbury.psychology@kirklees.gov.uk

(These forms cannot be emailed due to GDPR) (V2)

**Early Years SEND (EYSEND) Referral Form ( Portage / Inclusion / Portex)**

**SECTION 1: Child Details**

**Surname:**       **First Name(s):**

Previous Names (AKA):

Male       Female       Date of Birth:       Unique Pupil No:       Year Group:

Name of School/Setting:

Start Date:

Attendance Days & Times:

Is the child at SEN support level? YES [ ]  NO [ ]

Home Language:       Interpreter/Signer required for child? YES [ ]  NO [ ]

Is the child in receipt of Disability Living Allowance? YES [ ]  NO [ ]

**SECTION 2: Parent / Carer Details**

Mr/Mrs/Miss/Other:       Full Name:

Address:

Email:

Telephone Number/s:

Relationship to child:

1st Language:       Interpreter/signer required for Parent/Carer: Yes [ ]  No [ ]

Does this person have Parental Responsibility: Yes [ ]  No [ ]  (if No – complete below)

Name of person with Parental Responsibility:

Telephone Number/s:

**SECTION 3: Person Completing this Form (If not Parent)**

Designation/Title:       Full Name:

Contact Number:

Contact Email:

Address of School or Setting:

Date Form Completed:

**SECTION 4: Current Situation (**What are your concerns? Please be as specific as possible)

**SECTION 5: Strategies Used** (describe any strategies that have already been used to support the child and the impact they have had. **If the child is in a setting please ensure current EYFS assessments are sent in with the referral along with any current individual planning (IEP/MSP)**.

|  |  |  |
| --- | --- | --- |
| Area of Need | Strategies Used | Outcome |
|       |       |       |

**SECTION 6: Desired Outcome on Involvement** (Please describe how you feel the EYSEND team can be most useful in offering support to your setting. Please be as specific as possible

**SECTION 7: Parent/Carer’s Views**

**SECTION 8: Other Agencies Involved (e.g. SALT/ Paediatrician, Physio, OT, Health Visitor, CAMHS)**

|  |  |  |
| --- | --- | --- |
| **Agency** | **Contact Name** | **Date of last involvement** |
|       |       |       |
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**If a diagnosis or assessment for diagnosis of a condition has been identified or requested please make it clear on this form.**

**Is the setting currently in receipt of SENDIF fund for this child?** YES [ ]  NO [ ]

**SECTION 7: Parent Signature**

**THIS FORM CANNOT BE PROCESSED WITHOUT PARENT/CARER’S SIGNATURE**

**The possibility of Early Years SEN support should have been discussed with parents/guardians and the setting and their agreement of this referral obtained before this form is completed**

I agree to this referral being made and for members of the Early Years SEND Support Service to work with my child to support their Special Educational Needs (SEND).

Where it is identified that there is a need for continued support beyond Early Years SEND, I agree that information can be shared with other council services to prepare for a positive transition into a school setting.

Parent/Carer Signature: Date:

**Privacy Notice**

When a referral is made to the service we collect and process information about your child under Articles 6(1)(c), 6(1)(e) and Article (9(2)(c) of the GDPR, in order to fulfil our statutory obligations under the Education Act 1996 and the Children and Families Act 2014.

**We have a duty to make sure that we only ask you for personal information that is relevant to our role and the work we are doing; that we only record and keep information about you if we need it for the purpose of our work and to store your personal information safely so that others can't access it.**

Your child’s information will be stored securely and kept in line with Kirklees’ retention schedule. If you would like further information about how we manage your data, please see the privacy notice for Kirklees Council at [www.kirklees.gov.uk/privacy](http://www.kirklees.gov.uk/privacy)

If you would like further information about the Early Years SEND Support privacy notice, please contact: dewsbury.psychology@kirklees.gov.uk

If you have any worries or questions about how your personal data is handled, please contact the Data Protection Officer at DPO@kirklees.gov.uk or by ringing 01484 221000.

**Settings** please return this form either through your Sharepoint site or by post to:

Educational Psychology & Early Years SEND Support,

3rd Floor

Empire House

Wakefield Old Road

Dewsbury

WF12 8DJ

**Schools** please return this form through Anycomms to CHYPS EP