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| (V5)  **Early Years SEND (EYSEND) Referral Form (Portage/ Inclusion/ Portex)**  Please note all referrals from educational settings must be completed and signed by the SENDCo.  **Section 1: Child Details**  Surname: Click or tap here to enter text. First Name(s): Click or tap here to enter text.  Previous names (AKA): Click or tap here to enter text.  Male:  Female:  Date of Birth: Click or tap here to enter text. Year Group: Click or tap here to enter text.  Unique Pupil Number: Click or tap here to enter text.  Name of School/ Setting: Click or tap here to enter text.  Start Date: Click or tap here to enter text.  Attendance & Times: Click or tap here to enter text.  Is the child at SEN Support Level? Yes  No  Home Language Click or tap here to enter text. Interpreter/ Signer required for the child? Yes  No  Is the child in receipt of Disability Living Allowance? Yes  No  **Section 2: Parent/ Carer Details**  Mr/ Mrs/ Miss/ Other: Click or tap here to enter text. Full Name: Click or tap here to enter text.  Address: Click or tap here to enter text.  Email: Click or tap here to enter text.  Telephone Number/s: Click or tap here to enter text.  Relationship to the child: Click or tap here to enter text.  1st language: Click or tap here to enter text. Interpreter/ Signer required for the parent/ carer? Yes  No  Does this person have Parental Responsibility: Yes  No  (if No – Complete below)  Name of person with parental responsibility: Click or tap here to enter text.  Telephone number/s: Click or tap here to enter text.  **Section 3: Person completing this form (if not parent)**  Designation/Title: Click or tap here to enter text. Full Name: Click or tap here to enter text.  Contact number: Click or tap here to enter text.  Contact Email: Click or tap here to enter text.  Address of school or setting: Click or tap here to enter text.  Date Form Completed: Click or tap to enter a date.  Click or tap here to enter text.  **Section 4: Current Situation** (Please include your concerns, What High Quality Universal Inclusive Practice and SEN Support has been implemented, what impact has this had? Be as specific as possible. **(Assess)**  **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)**   |  |  |  | | --- | --- | --- | | Current SMART Targets **(Plan)** | Strategies used **(Do)** | Outcome (**Review)** | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |   **Section 6: Training** (Please can you tick which relevant training you have attended and which strategies you have used to support the child).   |  |  |  | | --- | --- | --- | | **Training Attended** | **Dates attended and who has attended** | **Strategies used from training** | | Dingley’s promise | Click or tap here to enter text. | Click or tap here to enter text. | | Making Sense of Autism (AET) | Click or tap here to enter text. | Click or tap here to enter text. | | SEMH Training (1 Hour) Settings Only | Click or tap here to enter text. | Click or tap here to enter text. | | Positive Behaviour Training (1 Hour) Settings Only | Click or tap here to enter text. | Click or tap here to enter text. | | Speech, Language and Communication Needs (1 Hour) | Click or tap here to enter text. | Click or tap here to enter text. | | ELKLAN Speech and Language 0-3 Years | Click or tap here to enter text. | Click or tap here to enter text. | | Portage Workshop | Click or tap here to enter text. | Click or tap here to enter text. | | Introduction to Down Syndrome | Click or tap here to enter text. | Click or tap here to enter text. | | Engagement Model (schools only) | Click or tap here to enter text. | Click or tap here to enter text. | | MHST Training (schools only) | Click or tap here to enter text. | Click or tap here to enter text. | | Other: | Click or tap here to enter text. | Click or tap here to enter text. |   Click or tap here to enter text.    **Section 7: Desired Outcome of Involvement** (Please describe how you feel the EYSEND team can be most useful in offering specialist support to your setting, additional to High Quality Inclusive Practice. Please be as specific as possible).  **Section 8: Parents/ Carer’s views** (Please describe how you feel the EYSEND team can be most useful in offering specialist support to your child’s setting. Please be as specific as possible). **This must be completed by/ with parents/ carers for referral to be considered.**  Click or tap here to enter text.  **Section 9: Other Agencies Involved (e.g. SALT/ Paediatrician, Physio, OT, Health Visitor, CAMHS, Social Care)**     |  |  |  | | --- | --- | --- | | Agency | Contact Name | Date of Last Involvement  (If no involvement please make clear date of referral made) | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |  |   **If a diagnosis or assessment for diagnosis of a condition has been identified, please make it clear on this form.**  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 positive transition into a school setting.  Parent/ Carer Signature: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **A handwritten/digital signature is required (typed consent is not acceptable for this form)**  **Privacy Notice**  When a referral is made to the service we collect and process information about your child under Articles 6(1)(c), 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 is 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 mange 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](mailto: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](mailto:DPO@kirklees.gov.uk) or by ringing 01484 221000  Please return this form by post to:  Kirklees Council,  Educational Psychology & Early Years SEND Support Service  PO Box 1720  Huddersfield  HD1 9EL  Forms can be emailed to [dewsbury.psychology@kirklees.gov.uk](mailto:dewsbury.psychology@kirklees.gov.uk) (providing your email security is robust)  Alternatively, **Early Years Settings** can upload to their SharePoint site.  **Schools** please return this form through AnyComms to CHYPS EP. |

**Section 10: Parent Signature**

**THIS FORM CANNOT BE PROCESSED WITHOUT PARENT/ CARERS SIGNATURE\***

\*If you are a **healthcare professional** and are unable to obtain the parent/carer’s signature, please tick the box to confirm the completed referral form has been shared with Parent/ Carer verbally and they have given their consent to share with us  We are unable to make the referral without this confirmation.