

**Request for Early Years SEND Team Support**

Please note that this form is to be completed when requesting support for a new child- an Early Help referral is not required.

Once completed please send directly to your Locality Lead or earlyyearssendteam@croydon.gov.uk

**TO BE COMPLETED BY SETTING:**

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| **Child’s Personal Details** |
| Name and Date of Birth:  | Gender: | Year starting school: |
| Professionals involved (please list): |
| Days / Sessions the child attends: |
|  [ ]  Has the child been added to your SEND Register? |  [ ]  Have parents/carers given consent for involvement from the EY SEND Team (including for their child to be observed)? |

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| **Details of SENCO/manager completing this form:***Please also sign at the bottom of form once completed.* |
| Name: | Email: | Telephone Number: |

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| **Support implemented to date:***There are several steps/processes you should follow prior to requesting support from the EY SEND Team. Please refer to the Quality First Teaching document, Ordinarily Available Provision document and EY SEND Support Offer document for further guidance. The boxes below are a space to show you have followed these steps and explain what impact there may have been.* |
| **Identification:** What tools have you used to identify the child’s needs (i.e. observations, assessments)? |
| **Parent/ Carer Involvement:** Have you met with parents to discuss the following (observations from the setting, parent/carer views or concerns, signposting to services, agreed next steps)? |
| **SEND Support / Provision:** How many support plans have been implemented and reviewed? What was the impact? |

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| **Child’s Developmental Information – Strengths & Needs** *Please refer to the Strengths & Needs Overview Guidance document for support with completing this section.* |
| Cognition and learning | StrengthsSpecial Educational Needs/Barriers to Learning |
| Communication and Interaction | StrengthsSpecial Educational Needs/Barriers to Learning |
| Social, Emotional and Mental HealthDifficulties  | StrengthsSpecial Educational Needs/Barriers to Learning |
| Sensory and /or physical needs | StrengthsSpecial Educational Needs/Barriers to Learning |
| Independence and self help | StrengthsSpecial Educational Needs/Barriers to Learning |
| **Child’s Developmental Information – Assessment Overview**  |
| [ ]  Please tick to confirm a copy of a current Assessment Overview has been attached. This must have been completed within the last six weeks. |

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| **Thank you for completing the Request for Support Form**An initial telephone advice discussion will be offered by your Locality Lead to discuss your request for support further. |

**DECLARATION**

*All information given is complete and true, treated as confidential and stored securely. Any false declaration or misleading statement or any significant omission may make this funding request invalid. All permissions have been received from the relevant parties before information has been shared.*

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|  | **Signature** | **Print Name** | **Date** |
| **SENCO/ Manager** |  |  |  |
| **Locality Lead**  |  |  |  |