

## Request for Early Years Support (including educational advice)– EY1

<b>Name of child:</b>		<b>Date of birth:</b>			
<b>Address of child:</b>					
<b>Is the child Looked After? (please tick)</b>	<b>Yes</b>	<b>No</b>	<b>Is this a protected address?</b>	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Name of parent/carer:</b>					
<b>Address if different from above:</b>			<b>Parent/carer email address:</b>		
<b>Current/proposed Early Years provider:</b>					
<b>Start date at setting:</b>					
<b>Pattern and times of attendance</b>					
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	
AM	AM	AM	AM	AM	
PM	PM	PM	PM	PM	
<b>Type of Attendance – tick applicable ✓</b>					
2 year funded <input type="checkbox"/>	3 and 4 year funded (15 hours) <input type="checkbox"/>	3 and 4 years funded (30 hours) <input type="checkbox"/>	Childcare Non funded <input type="checkbox"/>	Term time only <input type="checkbox"/> Stretched offer <input type="checkbox"/>	
<b>Is the child in receipt of DLA? (please tick)</b>			<b>Yes</b>	<b>No</b>	
			<input type="checkbox"/>	<input type="checkbox"/>	
<b>Have you claimed Disability Access Funding? (3 and 4 funded only) –(please tick)</b>			<b>Yes</b>	<b>No</b>	
			<input type="checkbox"/>	<input type="checkbox"/>	
<b>If yes, please describe how this has been used:</b>					
<b>Overview of Child’s Needs : ( E.g. Social Communication Difficulties - Briefly explain what this means for the child in relation to their education)</b>					
<b>Parent/Carer View:</b>					
<b>Are other services/professionals involved in supporting the child and/or your setting?</b>					

Service	Involved/Referred	Name of professional	Report Attached? ✓
Education Development Advisors - Equalities and Inclusion			<input type="checkbox"/>
Educational Psychologist			<input type="checkbox"/>
Portage			<input type="checkbox"/>
Speech and Language Therapy			<input type="checkbox"/>
Occupational Therapy			<input type="checkbox"/>
Paediatrician			<input type="checkbox"/>
Health Visitor			<input type="checkbox"/>
One Point/Families First/Child Protection/ Looked After team			<input type="checkbox"/>
Other (please specify)			<input type="checkbox"/>

Assessment information	On Entry/Last Review	Current EYFS age/Stage Bands
Area of Learning and Development	Date	Date
<b>Communication and Language:</b> <ul style="list-style-type: none"> <li>• Listening and attention</li> <li>• Understanding</li> <li>• Speaking</li> </ul>		
<b>Physical development:</b> <ul style="list-style-type: none"> <li>• Moving and handling</li> <li>• Health and self-care</li> </ul>		
<b>Personal, Social and Emotional:</b> <ul style="list-style-type: none"> <li>• Self-confidence and self-awareness</li> <li>• Managing feelings and behaviour</li> <li>• Making relationships</li> </ul>		
<b>Literacy:</b> <ul style="list-style-type: none"> <li>• Reading</li> <li>• Writing</li> </ul>		
<b>Maths:</b> <ul style="list-style-type: none"> <li>• Numbers</li> <li>• Shape, space and measures</li> </ul>		
<b>Understanding the World:</b> <ul style="list-style-type: none"> <li>• People and communities</li> <li>• The World</li> <li>• Technology</li> </ul>		
<b>Expressive Arts and Design:</b> <ul style="list-style-type: none"> <li>• Exploring and using media and materials</li> <li>• Being imaginative</li> </ul>		

## Educational Advice - Specific details of special educational needs, skills and development

### Cognition & Learning

Details of the child's strengths:

Details of the child's difficulties and/or Special Educational Needs:

What have you done (action taken/strategies implemented) to address the needs identified:

### Communication & Interaction

Details of the child's strengths:

Details of the child's difficulties and/or Special Educational Needs:

What have you done (action taken/strategies implemented) to address the needs identified:

### Social, Emotional and Mental Health

Details of the child's strengths:

Details of the child's difficulties and/or Special Educational Needs:

What have you done (action taken/strategies implemented) to address the needs identified:

### Physical and Sensory

Details of the child's strengths:

Details of the child's difficulties and/or Special Educational Needs:

What have you done (action taken/strategies implemented) to address the needs identified:

### Intended impact of support requested

Why are you submitting this request?

How do you anticipate the support requested will benefit the child ?

### Additional information required

Provided

✓

My Story or other evidence of the views/voice of the child.

EYFS summary sheet (colour copy preferred) and/or Early Support materials or report on the Characteristics of Effective learning/ progress summary

Support plan reflecting short term outcomes and actions/provision requirements for each area of identified need. - *Ideally two plans should be submitted to show progress and/or strategies used, and at least one of which should be reviewed.*

Reports from other professionals where these are available and permission for sharing has been obtained.

Individual Medical Plan (IMP) where applicable

<b>EY SEND Support being requested</b>		<b>Tick ✓</b>
<b>Support for a child within their learning environment</b> - Early Years Support Funding and/or Learning Support Officer		<input type="checkbox"/>
<b>Specialist Equipment</b> – Quotation must be included <i>and supported by a relevant professional.</i>		<input type="checkbox"/>
<b>Training</b> – please outline training required.		<input type="checkbox"/>
<b>Support visit/consultation</b>		<input type="checkbox"/>
<b>Request for Educational Psychology involvement</b>		<input type="checkbox"/>

<b>Name of referrer:</b>		
<b>Role:</b>		
<b>Signature:</b>		<b>Date:</b>

I/we agree with the information provided by my child's nursery/setting and give permission for the Local Authority to use the information to consider the requests outlined above. This may include sharing information with NHS partner organisations in order to secure further information, advice or support.

<b>Name of Parent/Carer giving consent</b>		
<b>Signature of Parent/Carer</b>		<b>Date:</b>

I/we agree for this information to be stored and shared electronically, and where I have requested Educational Psychology involvement an electronic and/or paper record being held by the Educational Psychology Service.

<b>Name of Parent/Carer giving consent</b>		
<b>Signature of Parent/Carer</b>		<b>Date:</b>

### Contact details and return details

Email: [earlyyearssend@durham.gov.uk](mailto:earlyyearssend@durham.gov.uk)

Address:  
 Early Years SEND Panel  
 Performance and Standards  
 Education and Skills  
 Durham County Council  
 County Hall  
 Durham  
 DH1 5UJ