

## **REFERRAL FOR A DERBYSHIRE SPECIALIST SUPPORT SERVICE FOR EARLY YEARS CHILDREN (AGED 0-4 years)**

**Please complete this form electronically and try to include all your information within the expandable boxes. Parental permission must be sought if you are making a referral.**

### **Information for parents and referrers**

Everyone working for the Local Authority has a legal duty to keep information about you and your child confidential. All services working with you and your child need up to date information. We only ever use or pass on information if there is a real need to do so.

For more information about what we share, who we share it with, how we store your data and your rights, please go to [www.derbyshire.gov.uk/privacynotices](http://www.derbyshire.gov.uk/privacynotices).

DCC Support services work with a range of special needs and range of ages. This form is specifically for children 0-4 years with special educational needs. If accepted by the support service(s) the child will receive specialised early intervention and support with their learning. Criteria for each support service is available on the Derbyshire Local Offer or the DCC website.

Please read this form very carefully. It contains various referral options.

Please use this referral form to refer to Derbyshire portage service (DPS) if the child is not attending an early years setting, Early Years SEN specialist teaching service, SEND Support services as listed, and Educational Psychology.

All referrals must include a description of the child's developmental profile. In addition, there should be evidence of work completed by the EYs provider with the child as referenced in the Graduated Response (Code of SEN Practice 2015). For DPS there must be a detailed description of need, information about what services and support have been accessed at universal and targeted levels, and any impact of this.

The Vision and Physical Impairment and Teacher of the Deaf teams will accept referrals without evidence of a graduated response; however, the child's needs must meet the criteria for those services. Please see: [Local Offer: Sensory and Physical Support Services](#)

For referrals to the EYSEN specialist teaching service, the child (if in receipt of a government funded place) should already be in receipt of Early Years Inclusion Funding. Referrals to the EPS should also have a robust graduated response, which will often include EYIF being in place.

**Please complete all relevant sections of the referral form. If any required sections are left incomplete, then your referral will be declined.**

**1: Child's Details:**

Given Name:	
Date of Birth:	
Legal Last Name:	
Any Former Last Name:	
Preferred Last Name:	
Address:	
Postcode:	
Child's First Language:	
Ethnicity:	

**2: Funding**

1. Is the child accessing a government funded place?	<b>Yes</b> <b>If yes, continue to question 2.</b>	<b>No</b> <b>If no, continue to complete the form.</b>
2. Are you in receipt of Early Years Inclusion Funding for the child?	<b>Yes</b> <b>If yes, continue to complete the form, including the two questions about EYIF immediately below.</b>	<b>No</b> <b>If you wish to refer to EYSEN specialist teaching service, please apply for Early Years Inclusion Funding first – this is needed as part of your graduated response to meet the child's needs.</b> <b>Do not complete this form until EYIF is in place.</b> <b>Referrals to PI, VI, HI, EPS and DPS – Continue to complete the form.</b>
Early Years Inclusion Funding - Date Awarded:		
Early Years Inclusion Funding - Number of hours awarded:		

**3: Parental Consent and Family Information**

A referral cannot be accepted without seeking parental/legal guardian consent. In the case of looked after children, this must be the social worker.

Settings are responsible for ensuring that parent(s)/carer(s) have given permission for this referral and are aware that the setting is sharing information about their child as part of this request.

Parent/carer have given permission for this referral:

Yes

No

Parent/carer name:

(please indicate if they have parental responsibility):

Phone number and email:

Names of other household members:

Relationship to the child:

Age:

(if appropriate)

Other significant adults:

Please provide any information that is relevant to the staff members' Health and Safety when working in the home:

Is the child subject to any order under childcare legislation?

Yes

No

If the answer to the previous question is yes, please provide details:

Does the child and family receive any additional support?

E.g., through a Children's Centre.

Yes

No

If the answer to the previous question is yes, please provide details:

Is an interpreter required for the parents?

Yes

No

**4. Referred For:**

Please tick appropriate box(es) as needed:

<b>The Early Years Special Educational Needs Specialist Teaching Service (EYSEN ST) for children who attend PVI settings including childminders and 2-year-olds in school nurseries.</b>		<b>Derbyshire Portage Service</b>	
<b>Physical Impairment Team</b>		<b>Support at targeted or specialist level from an Inclusion support and advisory teacher</b>	
<b>Teacher of the Deaf Team</b> (Additional information and signature required below)		<b>Vision Impairment Team</b> (Additional information and signature required below)	
<b>Educational Psychology Service (EPS)</b>			

**For referrals to the Teacher of the Deaf Team and Vision-Impairment Team****(This section MUST be completed with parental signature – please send in as separate jpeg or scanned pdf file)**

<b>For both HI and Vi referrals: Is an interpreter required to attend meetings etc.?</b>	<b>Yes</b>	<b>No</b>
<b>If yes, in which language?</b>		

**I/We are the parent/carer with parental responsibility and give permissions for the SPSS team to:**

Contact and share relevant information with other educational and social care professionals:

Undertake visits and functional assessments according to your child's needs:

Have access to and share general health and developmental information with other health professionals:

Contact me using the information provided below:

<b>Name:</b>		<b>Name:</b>	
<b>Relationship:</b>		<b>Relationship:</b>	
<b>Signature:</b>		<b>Signature:</b>	
<b>Date:</b>		<b>Date:</b>	

**Now fill in the information as appropriate for your referral****For referrals to the Deaf and Hearing-Impaired Team:**

Audiological Information – please see the most recent audiogram (within the last six months) for levels and fill in the table below.

	<b>Left Ear</b>	<b>Right Ear</b>
<b>500hz</b>		
<b>1KHz</b>		
<b>2KHz</b>		
<b>4KHz</b>		
<b>6KHz</b>		
<b>8KHz</b>		

If unsure of how to fill in the previous table, please indicate your child's hearing levels using the following best fit.

Please select:

Mild		Moderate		Severe		Profound	
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N.B. You should be able to find this information on the first page of the letter from the audiology department.

Please indicate if these hearing levels are in the:

Left Ear		Right Ear		Both Ears	
Does your child have hearing aid(s)?			Yes	No	

Once we have received the referral, we shall contact the hospital to request the latest audiological information and audiogram.

**For referrals to the Vision-Impairment Team:**

Has the child had their vision checked in the last 6 months?	Yes	No
If yes, by whom?		
If yes, where?		
If no, please arrange a vision check with a medical eye specialist/optician before this referral is completed.		

## **5. Early Years Provision**

Does the child attend any early years care or educational setting?	Yes	No							
Setting name:									
Setting address:									
Setting postcode:									
Setting URN:									
Setting telephone number:									
Setting email:									
Name of setting SENCO:									
Date child started at setting:									
<b>Times that the child attends:</b> (Please include any detail of split placements)									
Monday		Tuesday		Wednesday		Thursday		Friday	
am	pm	am	pm	am	pm	am	pm	am	pm
Total hours attended/week:			Total number of funded hours attended /week:						

## 6. 'All About the Child':

**Please complete all the parts of this section, providing evidence of the child's level of development.**

This section may include any diagnosis the child has. Developmental evidence must include information from the EYSEN Celebratory Checkpoints (contact the Early Years SEN Helpline (Children's Services) [EarlyYears.SENHelpline@derbyshire.gov.uk](mailto:EarlyYears.SENHelpline@derbyshire.gov.uk) for more details) or other developmental profiles. Please show the successes and challenges the child faces through your shared narrative. Evidence from foundational skills should also be included.

**Referrals for EYSEN specialist teaching service must include evidence or a graduated response to the child's learning. If this is not included, referrals may be declined.** Please provide as much information regarding the Graduated Response as possible in the following boxes. Please complete electronically allowing the boxes to extend.

**Referrals for DPS must include a detailed description of need, information about what services and support have been accessed at universal and targeted levels, and any impact of this.**

**How does the child communicate? (Assess) – include developmental level:**

**How have you already supported the child's learning outcomes in this area?**

Please provide evidence of cycles of the Graduated Response: Assess, Plan, Do, Review information.

**Child's Learning Outcomes / Targets (Plan)**

*(Include information in this box ONLY if this is an area of concern for this child.)*

**Interventions by adult to support meeting these outcomes (Do):**

*(Include information in this box ONLY if you have completed the plan section.)*

**Describe the progress the child has made towards these outcomes (Review):**

*(Include information in this box ONLY if you have completed the 'do' section.)*

**How does the child interact with others (adults and peers)? (Assess – include developmental level):**

**How have you already supported the child's learning outcomes in this area?**

Please provide evidence of cycles of the Graduated Response: Assess, Plan, Do, Review information.

**Child's Learning Outcomes / Targets (Plan)**

*(Include information in this box ONLY if this is an area of concern for this child.)*

**Interventions by adult to support meeting these outcomes (Do):**

*(Include information in this box ONLY if you have completed the 'plan' section.)*

**Describe the progress the child has made towards these outcomes (Review):**

*(Include information in this box ONLY if you have completed the 'do' section.)*

**Describe the child's level of physical development. (Assess – include developmental level):**

**How have you already supported the child's learning outcomes in this area?**

Please provide evidence of cycles of the Graduated Response: Assess, Plan, Do, Review information.

**Child's Learning Outcomes / Targets (Plan)**

*(Include information in this box ONLY if this is an area of concern for this child.)*

**Interventions by adult to support meeting these outcomes (Do):**

*(Include information in this box ONLY if you have completed the 'plan' section.)*

**Describe the progress the child has made towards these outcomes (Review):**

*(Include information in this box ONLY if you have completed the 'do' section.)*



**What does the child like to do? How do they play? (Assess):**

**How have you already supported the child's learning outcomes in this area?**

Please provide evidence of cycles of the Graduated Response: Assess, Plan, Do, Review information.

**Child's Learning Outcomes / Targets (Plan)**

*(Include information in this box ONLY if this is an area of concern for this child.)*

**Interventions by adult to support meeting these outcomes (Do):**

*(Include information in this box ONLY if you have completed the 'plan' section.)*

**Describe the progress the child has made towards these outcomes (Review):**

*(Include information in this box ONLY if you have completed the 'do' section.)*

**How does the child take part in eating, drinking, dressing and toileting? (Assess):**

**How have you already supported the child's learning outcomes in this area?**

Please provide evidence of cycles of the Graduated Response: Assess, Plan, Do, Review information.

**Child's Learning Outcomes / Targets (Plan)**

*(Include information in this box ONLY if this is an area of concern for this child.)*

**Interventions by adult to support meeting these outcomes (Do):**

*(Include information in this box ONLY if you have completed the 'plan' section.)*

**Describe the progress the child has made towards these outcomes (Review):**

*(Include information in this box ONLY if you have completed the 'do' section.)*

**Further descriptions of the child's special educational needs:**

**How does the child meet the criteria of the service(s) you are referring for?**

### **7. Agencies involved with the family**

Please ensure that the advice of these supporting professionals has been included with the evidence of your graduated response. If you have referred this child for support and are waiting for intervention, please state the date the referral was made.

<b><u>Agency</u></b>	<b><u>Name</u></b>	<b><u>Frequency of Visits</u></b>	<b><u>Contact Number AND email address</u></b>
<b>Health Visitor</b>			
<b>Paediatrician</b>			
<b>Speech and Language Therapist</b>			
<b>Physiotherapist</b>			
<b>Occupational Therapist</b>			
<b>Teacher of the Deaf Team</b>			
<b>Vision Impairment Team</b>			
<b>Physical Impairment Team</b>			

<u>Agency</u>	<u>Name</u>	<u>Frequency of Visits</u>	<u>Contact Number AND email address</u>
EYSEN Service (includes DPS, Outreach Team and specialist teacher support)			
Educational Psychologist			
Early Help support			
Specialist Hospital Consultant			
Social Worker			
Anyone else providing help or support for the child			

**8. Referred By:**

<b>Name:</b>	
<b>Profession:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Telephone Number:</b>	
<b>Email Contact:</b>	
<b>Date:</b>	

**Completed form to be returned to:**

Email: [CS.EYSEN.referrals@derbyshire.gov.uk](mailto:CS.EYSEN.referrals@derbyshire.gov.uk)