

EARLY YEARS REFERRAL FORM

Special Educational Needs and Disabilities (SEND)



Our referral process

- By completing this form, you are referring to the SEND Early Years Team.
- We accept referrals for children below the age of 5 who are not yet in their Reception Year at school.
- We accept referrals from colleagues in health, social care and education where there is a concern about a child's development which is likely to impact on their educational progress.
- Please note that we do not have active involvement with children who are below 18 months of age, although we will make contact with the family.
- **Please also note that we may be unable to accept new referrals for any child after April 1st if they are due to start in their reception year at school the following September.** Where this is the case, we would advise you (with parental consent) to send a copy of your report to the Special Educational Needs and Disability Coordinator (SENCo) of the school that the child will be attending to support transition arrangements.

Child's Name: (PLEASE PRINT)	
D.O.B.:	Position in family: (i.e. 1 of 3 etc)
Ethnic Origin:	Language(s) spoken at home:
Name(s) of parent(s)/carer(s): (Include title) Mr/Mrs/Ms/Miss	
Address:	
Email:	
Telephone No:	
Name of current Early Years education setting:	
Date started at setting:	Days/times attended:
GP:	Health Visitor:
Address:	Address:

Please provide as much information as possible including developmental levels from educational setting where appropriate and attach any relevant recent reports

Reason for referral:

Parent / Carer Views:

If the child is attending an Early Years setting, please give Early Years Foundation Stage development levels:

Communication and language

Listening and attention:

Understanding:

Speaking:

Physical Development

Moving and handling:

Health and self-care:

Personal, Social and Emotional Development

Self-confidence and self-awareness:

Managing feelings and behaviour:

Making relationships:

Names of other professionals involved:

If this child attends an Early Years setting attach latest reviewed SEND Support Plan.
(This referral will only be considered if one cycle of Assess, Plan, Do, Review has been completed)

If you are a health or social care professional; please attach reports and ensure you have discussed this referral with the child's parents/carers and with the child's educational setting if applicable.

Referred by:
(PLEASE PRINT)

Date discussed with Parents/Carers:

Job Title:
(PLEASE PRINT)

Address:
.....

Email: Telephone:

Signed: Date:

Please ensure you have attached the relevant documents:

Reviewed SEND Support Plan

Professional report

Please return completed form and attachments to:

Sue Briggs, SEND Business Support Officer,
Central Bedfordshire Council, Watling House, High Street North, Dunstable, Bedfordshire, LU6 1LF

SECURE email: sue.briggs@centralbedfordshire.gov.uk

Or (schools) send via Anycomms: Service\Other\SS Learning and School Support

Data Protection Act 2018

Please note that all information supplied on this form will be held on file and/or computerised records. These details may be disclosed to other agencies directly involved in the support of the child. Information will not be divulged to any other individuals/organisations for any other purposes.