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**A Request for Support from the Early Years Educational Effectiveness Team**

(please see the guidance and flowchart on pages 4 and 5 before completing)

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| The Early Years Education Effectiveness Team provide support and challenge to a range of early years providers to promote quality improvements and maintain high quality provision. The team will provide advice and guidance on quality of provision and the implementation of the Early Years Foundation Stage as well as supporting the setting to meet the requirements set out by Ofsted and other relevant legislation.  As part of our role we may visit settings to support the staff through consultation and sharing of best practice ideas and strategies when supporting children who may be at risk of delay in their personal, social and emotional development, communication and language or physical development. We may also signpost to other agencies or professionals where this is appropriate to do so and with parents/carers consent. | | | | | | | | |
| **Details of Early Years setting requesting support:** | | | | | | | | |
| **Name** |  | | | | **Role** |  | | |
| **Name of setting** | | |  | | | | | |
| **Address of setting** | | |  | | | | | |
| **E-mail address** | |  | | | **Telephone number** | |  | |
| **Date form completed** | |  | | | | | | |
| **Child’s Forename** | | | |  | | | | |
| **Child’s Surname** | | | |  | | | | |
| **Child’s Date of Birth** | | | |  | | | | |
| **Gender** | | | |  | | | | |
| **Home Address** | | | |  | | | | |
| **Languages used at home** | | | |  | | | | |
|  | | | |  | | | | |
| **Days and times the child attends the setting** | | | | Mon: Tues: Wed: Thurs: Fri: | | | | |
| **Date child started at setting** | | | |  | | | | |
| **Is the child in receipt of FEET, 30hrs or EYPP?** | | | |  | | | | |
| **Parent/Family Name** | | | |  | | | | |
| **Relationship to child** | | | |  | | | | |
| **Address**  **(if different from above)** | | | |  | | | | |
| **Contact details.** | | | | Telephone number: | | | | Email: |
| **Parental responsibility for above named child** | | | | Yes | | | | No |
| **Integrated review at age 2** | | | | | | | | |
| **Has a EYFS progress check as age 2 been completed?** | | | | Yes  Date of check: | | | | No |
| **Has a 27-month review with the health visiting team been completed?** | | | | Yes  Date of review: | | | | No |
| **If any concerns were identified at either the progress check at age 2 or at the 27-month review please provide details on page 3.** | | | | | | | | |

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| Does the child have a CIN, child protection plan? Please highlight | Yes | | No |
| Is the child a looked after child or adopted from care? Please highlight  If so is the child in the care of Surrey County Council? | Yes | | No |
| Yes | | No |
| Has an Early Help Assessment been completed for this child/family? Please highlight | Yes | | No |
| I have read this form and give my permission for the Early Years Inclusion Team\* to support the setting by giving advice and strategies to support my child and to store and share relevant information with other services when appropriate. This form must be signed once completed not prior to completion. | Parent signature: | | |
| Should the Advisor visit the setting to observe my/our child, I/We the parents/carers of the child would like to meet with the Early Years Advisor following their visit. This will be arranged by the school/setting. | Yes | No | |

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| Are parents aware that this information will be stored and processed in line with both yours and Surrey County Council’s privacy notices?  If parents/carers wish to withdraw consent at any time, then they will be required to inform the setting. It will be the settings responsibility to inform the Early Years Inclusion Team\* of the withdrawal.  The Early Years Inclusion Team\* will record the request date and destroy all information unless there is a lawful reason for the information to be retained for a specific period.  All information will be destroyed with the appropriate timescale in line with GDPR requirements. | | | Yes | | No |
| **Information about the child’s current learning and development at home and in the early years provision.** | | | | | |
| What are the parents/ carers views or concerns? | | | | | |
| Please describe the child’s current interests and areas of strength | | | | | |
| Please describe your concerns regarding the child’s learning and development in the 3 prime areas of the EYFS below. | | | | | |
| Personal Social and Emotional Development | Communication and Language Development | Physical Development | | | |
| What have you already put in place to support the child?  What was the outcome? | | | | | |
| **Please identify which supporting documentary evidence you have attached ✓** | | | | | |
| **Essential**  Child’s current EYFS tracking document  Childs current All about me/ one- page profile  Incident chart (if applicable)  Physical intervention record (if applicable)  Surrey Support Plan (if applicable)  Behaviour support Plan (if applicable)  **Desirable**  Key person and staff observations  Early Language monitoring tool  ABCC  Please list other additional paperwork below  Other | | | | 🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎 | |
| **Please note: Requests without any supporting evidence or not fully completed will be returned and additional information requested.** | | | | | |

**Data Protection Act 2018 -General Data Protection Regulations (GDPR).**  Surrey County Council (the ‘Council’) respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with the Council and other information available to the Council (‘your information’). In accordance with the General Data Protection Regulations, the Council will use your information, for the purpose of providing support to children, to (a) deal with your requests and administer its departmental functions, (b) meet its statutory obligations, and (c) prevent and detect fraud. The Council may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) with appropriate departments and agencies in accordance with the Multi Agency Information Sharing Protocol (MAISP). Further details including a copy of the MAISP can be found at [**www.surreycc.gov.uk**](http://www.surreycc.gov.uk/).. For more information regarding information held by Surrey County Council see here <https://www.surreycc.gov.uk/your-council/your-privacy> Surrey County Council privacy notice can be found at <https://www.surreycc.gov.uk/council-and-democracy/your-privacy/our-privacy-notices/children-families-lifelong-learning-and-culture> **This information will be held electronically.**

**Please return completed form via egress to:** [**earlyyearsadvisors@surreycc.gov.uk**](mailto:earlyyearsadvisors@surreycc.gov.uk)

\*The Early Years Inclusion Team is made up of the Early Years Educational Effectiveness Team and the Early Years SEND Team.

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|  | **Guidance for completing the Request for support form** | ✓ |
| 1. | Please ensure that you complete the whole form to the best of your knowledge and try not to leave boxes blank. The more detailed information you provide the better it is for our service to provide the right service at the right time. |  |
| 2 | Please ask parents/ carers to record their views and any concerns they may have or to record if they have no concerns at all in the relevant box. Please ensure the parents/ carers and have read and understood the purpose of our involvement and any other relevant information in terms of Surrey County Council privacy notice. |  |
| 3 | Please record the child’s current interests and areas of strength as this information is important when developing individual strategies for the child and shows what the child can do either alone, with others or with an adult.  For example, he /she is really interested in …………… and will play with ………………making………… for…………(time) |  |
| 4 | Please add your concerns regarding the child’s learning and development in the 3 prime areas.  Please start by giving a brief description of the child needs in PSED  Where there are no concerns in Communication and Language Development or Physical Development you could record no concerns at present, minimal concerns or making good progress. |  |
| 5 | Please describe the support that you have already put in place to support the child.  An example – “Evaluation of the ABCC charts demonstrated that the child needs support with social interaction and play skills. We supported him/her by developing his/her turn taking skills- adult modelling alongside his/her play to encourage social interaction with their peers and during small group time encouraging him /her to use their words. We also developed more visual cues for staff lanyards to support with his/her understanding.” |  |
| 6 | In the outcome section you may want to write …….  An example- “while ……… had made some progress when the adult was present, they still found it difficult to interact and play with others when the adult was not there. Therefore, we need to enhance the staff ratio to provide additional support so that …………can make further progress.” |  |
| 7 | Please ensure that you and the parents/carers have signed the request form and copies of supporting evidence materials are provided. Request forms without signatures or that are incomplete or lack sufficient supporting evidence will be returned. |  |

**Flow Chart**

Initial concern is raised by **manager, keyperson** or **parent/carer.**

**Key person** to gather information by completing further observations on child using identified tools and resources and discuss with the **manager**.

**Key person and parent/carer** meet, share findings, problem solve and decide on a strategy that responds to concerns.

**Setting** to develop a **plan of support** with input from the **parents/carers** highlighting the area of need, what strategies will be put in place and what individualised teaching will be needed. After 6- 8 weeks review the plan decide whether further intervention is needed.

If concerns continue and the child is still at risk of delay, setting to complete a Request for Support form with parents and send copy with supporting evidence, eg ABCC charts, child’s tracker etc by egress to [earlyyearsadvisors@surreycc.gov.uk](mailto:earlyyearsadvisors@surreycc.gov.uk)

Once the request for support form has been received it will be checked to ensure all the information is included and then it will be allocated to EY Advisor. Please note: **If the form is incomplete or the essential information is not included you will be emailed to ask for this to be** **completed and returned.** The EY Advisor will contact you within 5 working days to discuss your concerns and agree on any future support that is needed.

During the discussion with the EY Advisor if other aspects of the child’s development are identified as being ‘significantly delayed’ you may be asked to complete a Request for Support for the SEND Team instead. The EY Advisor will follow up to ensure that everyone is aware, and you will be informed of what needs to happen next.