**Request for Early Years SEND Team Support**

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| **Details of person requesting support:** |
| **Name** |  | **Role** |  |
| **Contact details of Professional/Organisation making the request**  | **Tel no:** | **Email:** |
| **Name of Early Years Setting the child attends** |  |
| **Date form completed** |  |
| **Details of child/family:** |
| **Child’s Name**  |  |
| **Child’s Date of Birth** |  | **Gender** |  |
| **Child’s Home Address** |  |
| **Parent/Carer Name(s)** |  |
| **Parent/Carer contact details** | **Tel no:** | **Email:** |
| **Relationship to child** |  | **Parental responsibility for above named child?** | Yes / No |
| **Language(s) used in the family home** |  |
| **Name & address of child’s GP Surgery** |  |
| **Date child started at setting** |  |
| **Days and time child attends the setting** | **Mon: Tues: Wed: Thurs: Fri:** |
| **Is the child eligible for FEET/FEE/DLA?** (Please indicate) | FEET (Funded Early Education for 2-Year-Old) | FEE (Funded Early Education for 3- & 4-Year-Old) | DLA (Disability Living Allowance) |

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| **Does the child have a Child in Need or Child Protection Plan?** (Please indicate) | Yes | No |
| **Is the child a looked after child or adopted from care?** (Please indicate) | Yes | No |
| **Has an Early Help Assessment been completed for this child/family?** (Please indicate) | Yes | No |

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| **Information about the child’s current learning and development:** |
| **Please indicate which prime area(s) of development you are concerned about.** | Personal, Social and EmotionalYes / No | Communication and Language Yes / No | Physical DevelopmentYes / No |
| **Please describe your concerns** (If you are not completing this electronically, please expand the box before your write here) |
| **Do you have a Surrey Support Plan (SSP) in place for this child?** Yes / No(Please indicate) |
| **Which assessment tools have you completed?**Early Language Monitoring Tool: Yes / NoTeaching Talking Profile: Yes / NoOther (please specify): Yes / No**Please add a summary of any assessments completed:** |
| **What strategies/interventions have you put in place to support the child?** (If you are not completing this electronically, please expand the box before your write here) |
| **Referrals made or Professional Involvement?** (Please indicate and attach copies of reports) | **Referred to: (date)** | **Advice given/report received:** |
| Speech and Language (SLT) |  |  |
| Occupational Therapy (OT) |  |  |
| Developmental Paediatrician |  |  |
| Physical and Sensory Support (PSS) |  |  |
| Early Support |  |  |
| Specialist Early Education Services (SEES) |  |  |
| Family Support Worker |  |  |
| Other (please specify): |  |  |
| **What are the parents/carers views or concerns?** (If you are not completing this electronically, please expand the box before your write here) |
| **What support do you require from the Early Years SEND Team**? (Please indicate)* Help with SEND processes.
* Advice on early identification of a child at risk of developmental delay
* Signposting to appropriate referrals
* Advice on appropriate strategies and interventions
* Transition Support
* Other (please specify)
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| I have read this form and give my permission for the Early Years SEND Team or Educational Effectiveness Team to support the setting by giving advice and strategies to support my child. I understand that relevant information will be stored and may be shared with other services when appropriate. | **Parent/Carer signature:****NB: Request for Support form MUST be signed by parent/carer. Electronic signatures will not be accepted.** |
| By signing the above, consent is given by the parent or carer for this information to 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 SEND Team or Educational Effectiveness Team of the withdrawal.  The Early Years SEND Team or Educational Effectiveness Team will record the request date and the date consent has been withdrawn and will then destroy all other 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. |

**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/your-council/your-privacy/our-privacy-notices/children-schools-and-families> **This information will be held electronically.**

P**lease return completed form via egress to:**

NE Area (Elmbridge, Spelthorne, Epsom and Ewell) – SectorNE@surreycc.gov.uk

SE Area (Mole Valley, Tandridge, Reigate and Banstead) – SectorSE@surreycc.gov.uk

NW Area (Woking, Runnymede, Surrey Heath) – SectorNW@surreycc.gov.uk

SW Area (Guildford, Waverley) – SectorSW@surreycc.gov.uk