East Sussex County Council logo.Early Years Service (EYS) Referral Form

**For children with disabilities, complex special educational needs and/or social and emotional difficulties. Please complete this form with parent/carer in BLOCK CAPITALS.**

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| **Section A – Child’s Details** | | | | | |
| **Surname:** |  | **Forenames:** |  | | |
| **Date of Birth:** | dd/mm/yyyy | **Gender:** | Male | Female | Other |
| **Address:** |  | | | | |
| **Town:** |  | **Postcode:** |  | | |
| **Telephone:** |  | **Mobile:** |  | | |

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| **Child’s First Language:** |  | | | | **Parent/Carers First Language:** |  | | | |
| **Interpreter / Signer required?** | Yes |  | No |  | **Has this been arranged?** | Yes |  | No |  |
| **Any medical conditions?** | Yes |  | No |  | **Looked after by Local Authority?** | Yes |  | No |  |
| **If ‘Yes’, please give more details:** |  | | | | | | | | |

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| **Section B – Parent / Carer Details** | | | | | | | | |
| **Title:** |  | **Surname:** |  | **Forename/s:** |  | | | |
| **Relationship to Child:** | | |  | **Parental Responsibility:** | Yes |  | No |  |
| **Address if different to above:** | | |  | | | | | |
| **Email address:** | | |  | | | | | |

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| **Title:** |  | **Surname:** |  | **Forename/s:** |  | | | |
| **Relationship to Child:** | | |  | **Parental Responsibility:** | Yes |  | No |  |
| **Address if different to above:** | | |  | | | | | |
| **Email address:** | | |  | | | | | |

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| **Section C – Referrer Details** | | | |
| **Referred by:** |  | **Job Title:** |  |
| **Address:** |  | | |
| **Postcode:** |  | **Telephone:** |  |
| **Email Address:** |  | **Mobile:** |  |

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| **Section D – Referral Details** | | | | | | | | | | | | | |
| Have any of the following been carried out? (If yes, please attach copies to this referral form or provide full details on separate page. | | | | | | | | | | | | | |
| **Hearing** | | **Vision** | | **ESCC Language Checker** | | | **ESCC Speech, Language and Communication Monitoring Tool** | | **Ages and Stages Behavioural Questionnaire (ASQ)** | | **Schedule of Growing Skills (SOGS)** | | |
| Yes | No | Yes | No | Yes | | No | Yes | No | Yes | No | Yes | | No |
| Has the child been referred to Toddler Talk or Small Beginnings: | | | | | | | | | | | | | |
| Toddler Talk | | | Yes | | No | | Small Beginnings: | | | Yes | | No | |

**Involvement of other agencies:**

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| **Agency** | **Key Name** | **Role** | **Address** | **Telephone Number** |
| Social Care |  |  |  |  |
| Education e.g., pre-school |  |  |  |  |
| Health Visitor |  |  |  |  |
| GP |  |  |  |  |
| Speech & Language Therapist |  |  |  |  |
| Paediatrician |  |  |  |  |
| Physiotherapist |  |  |  |  |
| Occupational Therapist |  |  |  |  |
| Other |  |  |  |  |

**Reason for referral:**

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| **Speech, Language and Communication skills** | **Please provide details/comments** | | | | |
| Please tell us your concerns |  | | | | |
| How does the child communicate his/her needs? |  | | | | |
| How does he/she respond to language? |  | | | | |
| Is she able to attend / listen? | Yes |  | No |  |  |

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| **Play & Learning** | | | | **Please provide details/comments** | | | | | |
| Please tell us about the kind of play the child chooses/enjoys | | | |  | | | | | |
| Is play solitary / alongside /co-operative? | | | | Solitary |  | Alongside |  | Co-operative |  |
| Is she able to attend / listen? | | | |  | | | | | |
| Yes |  | No |  |

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| **Play & Learning** | | | | **Please provide details/comments** | | | | | |
| Please tell us about the kind of play the child chooses/enjoys | | | |  | | | | | |
| Is play solitary / alongside /co-operative? | | | | Solitary |  | Alongside |  | Co-operative |  |
| Can the child share and take turns with other adults/children? | | | |  | | | | | |
| Yes |  | No |  |
| Does the child have any unusual intense interests? | | | |  | | | | | |
| Yes |  | No |  |

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| **Sensory** | | | | **Please provide details/comments** |
| Is the child particularly sensitive to light / touch /smell / textures / noise? | | | |  |
| Yes |  | No |  |
| Are there any difficulties during mealtimes? | | | |  |
| Yes |  | No |  |
| Does the child display any unusual repetitive behaviours? I.e. rocking, hand flapping, spinning etc. | | | |  |
| Yes |  | No |  |
| **Additional Comments**: | | | | |

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| **Social / Emotional Development** | | | | **Please provide details/comments** |
| Is the child able to follow familiar routines / expectations in the pre-school setting? | | | |  |
| Yes |  | No |  |
| Is the child able to follow familiar routines in the home? | | | |  |
| Yes |  | No |  |
| Does the child separate from parent/carer positively into pre-school? | | | |  |
| Yes |  | No |  |
| Does the child have tantrums? | | | | If yes, what are the triggers? |
| Yes |  | No |  |

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| **Specific Behavioural concerns** | | | | **Please provide details/comments** |
| Is the child displaying anti-social behaviour? E.g., fighting, bullying, swearing etc | | | |  |
| Yes |  | No |  |
| Is the child displaying oppositional behaviour? E.g., refusing requests, sulking, running away | | | |  |
| Yes |  | No |  |
| Is the child highly irritable, inattentive, impulsive, anxious, excessively fidgety, whiny or experiencing sleep disturbance? | | | |  |
| Yes |  | No |  |
| Is the child highly disruptive? E.g., throwing objects, shouting and attention seeking? | | | |  |
| Yes |  | No |  |
| Are these behaviours displayed across both home and pre-school setting? | | | |  |
| Yes |  | No |  |

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| **Additional Information** | |
| List any particular strategies that are successfully used to support this child in the home/pre-school |  |
| Can you tell us about the child’s gross/fine motor skills and spatial awareness |  |
| Please tell us about the child’s self-help skills |  |
| Are there any known significant social or environmental factors that you feel impact on the child’s development/behaviour? E.g. temporary accommodation, substance misuse, parental mental health issues, loss or bereavement? |  |
| Please state what outcome you would expect to  achieve from the ISEND Early Years Support Service input. |  |

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| **Section E – Nursery Details** | | | | | | | | | | |
| **Pre-school/Nursery name:** | | | |  | | | | | | |
| **Telephone Number:** | | | |  | | | | | | |
| **Email Address:** | | | |  | | | | | | |
| **Child Attends:** | | | | | | | | | | |
| **Monday** | | **Tuesday** | | | **Wednesday** | | **Thursday** | | **Friday** | |
| AM | PM | AM | PM | | AM | PM | AM | PM | AM | PM |

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| **Section F – Referrer Signature** | | | |
| **Signed by referrer:** |  | **Date:** | Click or tap to enter a date. |

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| **Section G – Parental Consent (please tick boxes below)**  In giving my consent to the ISEND Early Years’ Service, I understand the following (please tick all boxes) | | | | |
| I understand my child’s information may be shared with other agencies when it is in his/her best interests, or if co-ordination of services is needed to provide support to my child and family. | | | |  |
| I understand that ISEND’s case management system (EYES) will show that my child is known to the ISEND Early Years’ Service. | | | |  |
| I can withdraw my consent at any time by contacting [eys@eastsussex.gov.uk](mailto:eys@eastsussex.gov.uk) (*please allow 7 days for your request to be processed*). | | | |  |
| Based on the above I hereby give consent for a referral to the ISEND Early Years’ Service | | | |  |
| **Signed by parent / carer:** |  | **Date:** | Click or tap to enter a date. | |
| **PRINT NAME:** |  | | | |

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| **Parent / Carer views about their child:** |
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**Child’s Ethnic Origin**:

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| **White** | | **Black/Black British** | | **Asian/Asian British** | | **Mixed** | | **Any other Ethnic Group** | |
| British |  | Caribbean |  | Pakistani |  | White & Black Caribbean |  | Chinese |  |
| Irish |  | African |  | Indian |  | White & Black African |  | Other Ethnic Group |  |
| Other White |  | Other Black |  | Bangladeshi |  | White & Asian |  | Gypsy/Roma |  |
| Other Mixed |  |  | | Other Asian |  |  | | Traveller of Irish Heritage |  |
|  | | | | | | | | Not given |  |

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| **Please return this form to:** | **Address** | Early Years’ Service  3rd Floor, Ocean House  87 – 89 London Road  St Leonards on Sea  East Sussex  TN37 6DH |
| **Telephone No.** | Tel: 01273 335270 |
| **Email** | Email: [eys@eastsussex.gov.uk](mailto:eys@eastsussex.gov.uk) |