  

**Early Support Request For Involvement**

For office use only

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received: |  | Date forwarded: |  |
| Action agreed at meeting: |  |

 *Where check boxes appear, insert an ‘X’ in those that apply.*

**Identifying Details** – Record details of child aged 0 – 5 years for whom the involvement is being requested

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name(First name, Surname) |  |  | Also known as/Previous names |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Male  | [ ]  |  | Female | [ ]  |  | Date of birth |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address including post code |  |  | Contact Tel no |  |
| Email  |  |  | NHS no |  |

 **Ethnicity**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| White British White IrishGypsy/IrishTraveller Any other White background\*  | [ ] [ ] [ ] [ ]  |  Caribbean  African Any other Black/  African/Caribbean Background\* | [ ] [ ] [ ]  | Indian PakistaniBangladeshiChineseAny other Asian background\*  | [ ] [ ] [ ] [ ] [ ]  | White & Black CaribbeanWhite & Black AfricanWhite & AsianAny other mixed background/multiple ethnic background\* | [ ] [ ] [ ] [ ]  | ArabAny other ethnic group\*Not given | [ ] [ ] [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| \*please specify |  | Immigration status |  |
| Child’s first language |  | Languages used in the home |  |
| Diagnosis if relevant |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Primary Needs Categories*****(Please indicate)*** | **Communication & Interaction** |  | **Cognition & Learning**  |  |
| **Social, Emotional and Mental Health**  |  | **Sensory and/or Physical** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is an interpreter or signer required? | Yes [ ]  | No [ ]  | Is this child in public care? | Yes [ ]  | No [ ]  |

|  |  |
| --- | --- |
| Details of any special requirementsIs there an alert on CareNotes? (for child and their parent/carer)YES / NO - if yes, please give details of who to contact for further information |  |

**Details of Parents/Carers**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name and Title | Mr/Mrs/Ms/Miss/(Delete as appropriate) |  Contact Tel. No |  |

|  |  |
| --- | --- |
| Relationship to child |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address (if different to child) |  | Parental responsibility? | Yes | [ ]  | No | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full name and Title | Mr/Mrs/Ms/Miss/(Delete as appropriate) |  Contact Tel. No |  |

|  |  |
| --- | --- |
| Relationship to child |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address (if different to child) |  | Parental responsibility? | Yes | [ ]  | No | [ ]  |

Current Family and Home Situation

(e.g. family structure including siblings, other significant adults etc; who lives with the child and who does not live
with the child)

|  |
| --- |
|  |

**Strengths And Needs: Please complete where appropriate:**

|  |
| --- |
| **HEALTH: (including development of speech and language, mobility and head control, eating and drinking and sensory development)** |
| **LEARNING**: |
| **EMOTIONAL AND SOCIAL DEVELOPMENT**: |

#### Details of Person(s) Requesting Involvement

Requestors should be aware that these forms are stored and shared and are available for parents/carers to view at any time.

|  |  |  |
| --- | --- | --- |
| Name |  | Contact Tel. no. |
| Address: |  | Role: |
|  | Organisation: |

|  |  |
| --- | --- |
| **Request as outcome of Two Year Check (please tick)** | [ ]   |
| **Request as outcome of EYFS Two Year Check (please tick)** | [ ]  |

|  |
| --- |
| Does this child already have a lead/key professional?If **yes** please give details: |
| Name and service |  |
| Contact details |  |

#### Services Working With This Child

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Tel** |
| Safeguarding   | [ ]  |  |  |
| GP | [ ]  |  |  |
| Health Visitor | [ ]  |  |  |
| Early Years Setting/School | [ ]  |  |  |
| Other services: |  |  |  |
|  |  |  |  |

**Considering the current needs and wishes of the child and family which services are you requesting to become involved? Please check service access information to ensure child meets the criteria**

|  |  |  |  |
| --- | --- | --- | --- |
| **Speech and Language Therapy** *(include brisc surveillance sheet and sounds checklist – see page 5)* |  | **EY SEN Team** *(child needs to have been referred to or already known to a Community Consultant Paediatrician - see page 5)* |  |
| **SLT Feeding** |  | **SENSS – Physical Disability** |  |
| **Physiotherapy** |  | **SENSS – Down Syndrome and Complex Health Needs** – *available from Reception age* |  |
| **Occupational Therapy** |  | **Other** – please specify: |  |

|  |  |  |
| --- | --- | --- |
| Has involvement from a Community Consultant Paediatrician been requested?If yes, please give name of requestor | Yes [ ]  | No [ ]  |

|  |
| --- |
| **Please indicate what measures have been put in place to support this child prior to making this request? (Please see page 5 for links and suggestions).** |

##### **Further Information Parents / Carers Would Like Others To Know**

**What Do The Parents/Carers Want To Happen?**

|  |
| --- |
|  |

**Consent for information storage and sharing and for request to be made**

Professionals need to work together in order to provide you/your child with the support that is best suited to

you/your child’s needs. They may need to communicate with other organisations who may also be involved

with your child or hold information on them. This may include: Health – e.g. therapists, Health Visitors, GPs;

Education – e.g. Specialist Teachers, School and Pre-School Settings; any Early Years Services already

involved. Please refer to the Oxfordshire County Council Privacy Notice on the Oxfordshire County Council webpage – [www.oxfordshire.gov.uk](http://www.oxfordshire.gov.uk)

|  |
| --- |
| I understand the information which is recorded on this form and that it will be stored and used for the purpose of providing services to: |
| Me | [ ]  | This child for whom I am a parent | [ ]  | This child for whom I am a carer | [ ]  |

I have had the reasons for information sharing explained to me. I understand those reasons and that I can withdraw consent at any time.

|  |  |  |
| --- | --- | --- |
| I agree to the information sharing as noted above  | Yes | [ ]  |
| I do not give my consent at this time to share information with the services listed below. (You may be contacted to discuss this further) | No | [ ]  |
|  |

**Parent’s Signature (Please note certain services require this to be completed and failure to do so may cause a delay)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed |  |  Name |  |  Date |  |

**Requestor’s Signature**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed |  |  Name |  |  Date |  |

Please forward to the Early Support Programme Officer in your area

Email (via a secure system):**earlysupportoxon@oxfordshire.gov.uk**

|  |  |  |
| --- | --- | --- |
| *NORTH**Early Support Programme Officer**Ron Groves House**23 Oxford Road**Kidlington OX5 2BP**Tel: 01865 816656* ***Fax: 0845* 6*054189*** | *SOUTH**Early Support Programme Officer**Oxfordshire County Council**Abbey House**Abbey Close**Abingdon OX14 3JD**Tel: 01865 323555****Fax: 01865 783329*** | *CENTRAL**Early Support Programme Officer**Oxfordshire County Council**Abbey House**Abbey Close**Abingdon OX14 3JD**Tel: 01865 812629**Fax: 01865 783340* |

**Where to go for help and advice**

SLT

* <http://www.oxfordhealth.nhs.uk/children-and-young-people/oxon/integrated-therapies/slt/>
* <http://www.talkingpoint.org.uk/>

OT

* <http://www.oxfordhealth.nhs.uk/children-and-young-people/oxon/integrated-therapies/occupational-therapy-2/>

Physio

* <http://www.oxfordhealth.nhs.uk/children-and-young-people/oxon/integrated-therapies/physiotherapy/childrens-community-physiotherapy-further-information/>

 

Therapists are also available for phone conversations prior to making a request.

EY SEN – The team will only be able to become involved if appropriate **when a child has also been referred to the Community Paediatric service.**

* Settings can contact their link health visitor who will be able to advise. If you need information around a particular child then you will need to have parental consent.
* The Early Support Programme Officers will still be available to help and advise you.
* Access to a “no name” consultation for the EYSEN team is still available. Please call either 01865 323556 or 01865 812628
* The EYSEN toolkit continues to offer you help in the identification and support of children with SEN.

 <https://www.oxfordshire.gov.uk/cms/public-site/early-years-sen-toolkit>

SENSS

* <https://www.oxfordshire.gov.uk/cms/content/services-support-children-learning>

**What to include with the request**

SLT

* BRISC Surveillance Sheets ⦁ Speech Sounds Checklist

  

* Ages and Stages summary sheets

EY SEN

* Clear information of the child’s developmental stage and needs
* Records of what has already been put in place for the child and the impact. (including relevant pages from the Guidance and Procedure section on the Oxfordshire County Council website)
* <https://www2.oxfordshire.gov.uk/cms/content/guidance-and-procedures-support-providers>
* Information regarding a referral to the community paediatric service.