

EARLY YEARS INCLUSIVE LEARNING SERVICE
REQUEST FOR ADVISORY VISIT TO SUPPORT TRANSITION OF CHILDREN WITH ADDITIONAL NEEDS

Please complete the form as fully as possible and return to eyils.sp@stoke.gov.uk

Name of school:	
Year group requiring advisory visit:	Nursery / Reception
Level of SEN Support for child/children causing concern: (please highlight)	SEN Support EHC assessment in progress Final EHC Plan in place
Main areas of concern/ reason for requested visit:	

	Yes/No	Additional details
Transition discussion had with setting and Parents prior to start date		
Early Years Forum paperwork received		
Transition timetable in place – please give details of hours the child/children are attending school		
Liaison with other services supporting child (eg SALT, Physiotherapy)		
Clear visual timetable in place		
Parental consent obtained for each child		

Please describe the strategies/interventions used to support the child so far. What was the impact of these?
(please give real life examples)

Strategy/Intervention	Impact
Example - Daily attention bucket	Child will now stand at the edge of the carpet area and look at their favourite bucket items (spinning light toy and balloon) for around 15 seconds.

Signed: _____ Name: _____ Role: _____

For office use only

Date received:	
Request agreed:	Yes/No Reasons for refusal:
Visit allocated to:	

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Date of visit: Name of EYILS Lead Person: Present:
Discussion
Recommended strategies

Actions

WHO	WHAT	WHEN

School signature/name _____

EYILS signature/name _____