

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: | |

EARLY YEARS INCLUSIVE LEARNING SERVICE

Date of visit:

Name of EYILS Lead Person:

Present:

Discussion

Recommended strategies

Actions

| WHO | WHAT | WHEN |
|-----|------|------|
| | | |
| | | |

School signature/name_____

EYILS signature/name_____