

School Early Years Forum Referral

Child's details

Name
Date of Birth
Gender
NHS number
Language(s) spoken at home
Diagnosis (if applicable, please provide supporting documents)
School
Parent/carer's name: Address: Contact number: Parental responsibility: Yes / No Email:
Parent/carer's name: Address: Contact number: Parental responsibility: Yes / No Email:
Please state if the child currently has support from an Early Help, Child in Need Plan or Child Protection Plan and the details of professionals involved.

Professionals involved (please give name and contact details)

Speech and Language Therapist:
Community Paediatrician:
School nurse/health visitor:
Any other professionals:

Please complete as fully as possible, we may not be able to process the referral without the information



City of
Stoke-on-Trent

Summary of child's needs: Does the child have delays or needs in these areas? If so please give additional information in the boxes provided (You only need to comment in relevant boxes)

Communication and interaction: *(Comment on use of language, gestures, alternative systems such as signing, level of understanding, concentration etc. You should also comment on how they communicate their needs)*

Physical skills *(comment on their mobility, toileting and self-care and skills in tasks such as feeding, etc,)*

Social, Emotional and Mental Health *(relationships with other children and adults, ability to manage own emotions, challenging behaviour, recognising emotions in others etc.)*

Medical/Sensory needs *(vision or hearing difficulties, medical needs that impact on their development or ability to access learning opportunities.)*

Any other information? *(Describe any other relevant issues not mentioned above)*

Actions taken to help the child so far: *(Please include referrals made, interventions used, etc)*

Please tell us about any assessments carried out and developmental levels
You **must** include levels from the Stoke Child Development Tool

Referrer details

Name and role
School
Contact details <i>(phone and email)</i>
Signature to confirm that parents have consented to this referral:
Date

PLEASE RETURN TO: Inclusive Learning Service, SEYF.sp@stoke.gov.uk

Please contact us on 01782 231285/235489 if you are not sure about submitting a referral.

At Stoke-on-Trent City Council we take your privacy seriously and will only use your personal information for purposes required or allowed by law. You can find information about how we handle your personal information by visiting stoke.gov.uk/dataprotection