

**Request for Bath and North East Somerset Early Years Area SENCo Involvement (0-5 Years)**

**Section 1) Setting details**

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| **Setting Name** |  |
| **Name of Manager and SENCo** |  |
| **Contact number for setting** |  |
| **Email address for setting** |  |
| **Address for setting** |  |
| **Shared setting name****(if dual placement) and contact details** |  |

**Section 2) Child and Family details**

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| **Child’s Name** |  | **DOB** |  | **Gender** |  |
| **Parents / Carers Names** |  | **Parents / Carers Address** |  |
| **Contact Number** |  | **Postcode** |  |
| **Child characteristics:** | **Family characteristics or affected by:** |
| [ ]  Adopted child / adopter family[ ]  Cared for by extended family[ ]  Within ‘Connecting Families’ initiative[ ]  Child in Need (CHIN)[ ]  On Child Protection Plan (CP)[ ]  Looked after Child (LAC) | [ ]  Lone parent[ ]  Teenage mother[ ]  Low income[ ]  Parental disability[ ]  Adult mental health issues[ ]  Domestic abuse |
| **Are the family claiming Disability Living Allowance (DLA) and/or Disability Access Funding (DAF) for the child?** | [ ]  Yes [ ]  No |
| **Are the family eligible for the 30 hours entitlement?** | [ ]  Yes [ ]  No |
| **Current Hours at Setting** |  | **Setting Start Date** |  |
| **Primary Need****(Please tick)** | **Communication and Interaction** | [ ]  | **Cognition and Learning** | [ ]  | **Social, emotional and mental health** | [ ]  | **Sensory and/or physical needs** | [ ]  |
| **Date of the last SEN Support Planning Meeting/Team Around the Child (TAC) Meeting:** |  |

**Section 3) What professionals are involved with the child / family?** Please also include any recent referrals made.

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| **Name of service** | **Name of person** | **Nature, level and frequency of support** |
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**Section 4) What are you doing to support the child’s inclusion in your setting?**

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| **Please provide details of the child’s level of needs****(evidence can include information from one page profile, child progress tracker etc)** |
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| **What reasonable adjustments / SEN Support do you have in place to support these needs?** |
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| **Why are you requesting involvement from an Area SENCo?** |
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**Section 4) Consent**

Early Years Settings must ensure that parent/s or carer/s signing the form have parental responsibility and that they have given informed consent for the request to be made. Forms that are not signed will be returned.

**Early Years Special Educational Needs Disability and Inclusion Team (SENDIT)**

**Educational Inclusion Service**

**Lewis House, Manvers Street**

**Bath, BA1 1JG**

**Please do not submit the following documentation:**

* Confidential information without appropriate authorisation. For example, a child Protection Plan, conference notes or any other notes without authorisation.
* Any original documents (please only send copies)
* Information that includes names/photos of other children

**N.B. IF NOT SIGNED BY PARENT AND SETTING MANAGER THIS REQUEST WILL BE RETURNED**

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| **Parent/s or Carer/s – Please confirm the following** | **Yes / No** |
| **I have participated in this request and agree for it to be submitted to Bath and North East Somerset Council and discussed at an allocation meeting** | [ ]  Yes [ ]  No |
| **I understand that Bath and North East Somerset Council will share this information with relevant professionals in order to provide a comprehensive service to you and your family. The Council will not share information with any other third party without your consent or as required by law.** | [ ]  Yes [ ]  No |

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| **Children’s Centre Support** |
| **To ensure you receive details about support available to you, your details and summary information about your child’s needs will be shared with your local Children’s Centre.  Please tick if you do NOT want this.** | [ ]  |

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| **Parent / Carer Name** | **Parent / Carer Signature** | **Date** |
|  |  |  |

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| --- | --- | --- |
| **Setting Manager Name** | **Setting Manager Signature** | **Date** |
|  |  |  |