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| **Parental Consent for Early Years Area SENCO Support** |



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| **Settings Details** | |
| **Setting Name** |  |
| **Settings SENCO** |  |

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| **Child’s and Families Details** | | | | | | | |
| **Child’s Full Name** |  | | **Date of birth** |  | | **Gender** |  |
| **Address** |  | | | | | | |
| **Parent/Carer Name** |  | | **Relationship to Child** | |  | | |
| **Contact email address** | |  | **Contact telephone** | |  | | |

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| **Funding Eligibility:** | | | | | | | | | | | | | | | |
| **FEEE Eligibility** | Not eligible for 2YO FEEE | 2YO FEEE 15hrs | 3YO FEEE 15hrs | | | | | | 3YO FEEE 30hrs | | | | Eligibility code: | | |
| **If child is aged 3 or 4, are they eligible for EYPP funding?** | | | | Yes | | No | | N/A | | | **Date checked** | | | |  |
| **Is the child in receipt of Disability Living Allowance (DLA)?** | | | | Yes  *Answer Q1 & Q2* | | | | | | No  *Answer Q3* | | | | | |
| **Q1 Has DAF funding been applied for?** | | | | Yes | | | | | | No | | | | | |
| **Q2 Which level of DLA payment is child in receipt of?** | | | | High | | | Med | | | | | Low | | | |
| **Q3 Has an application been made for DLA?** | | | | Yes | No | | **Date of application** | | | | | | |  | |

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| **SEND Information** | | | | | | |
| **Does the child have a SEND diagnosis?** | Yes | No | | **SEND Diagnosis** | |  |
| **Has the child been referred to any specialist service?** | Yes | No | | **Specialist service** | |  |
| **Has EHCP referral been made?** | Yes | No | | **Date of referral** | |  |
| **Provide a short summary of the child’s additional needs:** | | | | | | |
|  | | | | | | |
| **Does the child have a SEND Plan at the setting?** | Yes | | | | No | |
| **Which activities or services the families are currently attending?**  (Stay2play,Children and Family Centres, Early Help) | | |  | | | |
| **Which activities/services have the setting signposted the family to?**  (Stay2play,Children and Family Centres, Early Help) | | |  | | | |

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| **Services for referral**  Tick services the parent/carer are consenting to share information with regarding their child’s development and needs | | | |
| **LBWF Early Help** |  | **NELFT Social and Communication Clinic** |  |
| **LBWF Early Years and Childcare Service** |  | **NELFT Early Years Home Visitor** |  |
| **LBWF Educational Psychologist** |  | **NELFT Specialist Children Services** |  |
| **Children and Family Centre** |  | **NELFT Speech and Language Therapist** |  |
| **SENDSuccess** |  | **HENRY** |  |

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| **Parental Consent** | | | | |
| I consent to the Area SENCO sharing information with relevant Local Authority, Education and Health Services and the childcare provision my child attends where it is in the best interests of my child for the purpose(s) of obtaining a full package support, advice and services that my child might need. | | | | |
| **Signed** |  | | | |
| **Name(please print)** | |  | **Date** |  |