**Child’s Name:**

**Date of Birth:**

**Name of Setting:**

**Does the child have an Early Years Support plan? If so please attach**

**Have concerns been discussed with Area SENCO?**

**Has the child received a 2 year health review (with Health Visitor) and were any referrals made?**

**Please provide information on child’s learning and development in prime areas**

**Communication and Language**

***Attention and Listening****- does the child focus on their own choice of activity or are they constantly moving about the setting? Does the child tune into adults when they interact with them?*

***Understanding-*** *does the child join in with routines? Are they able to respond to simple instructions? Can they identify everyday items during play and stories e.g. where’s the dog? Who’s jumping?*

***Speaking-*** *How does the child communicate their needs and interests?*

**PSED (inc. self regulation)** *- waiting, turn taking, focus to activity and conversation, behaviour*

**Physical Development** *- is the child able to confidently explore their environment?*

**Please comment on parent’s views on child’s need and their level of concern:**

**Reasons for referral to HENRY Speech and Language team (concerns):**

**Completed by: Date:**