**EARLY YEARS SUPPORT SERVICE**

**REFERRAL PROFORMA**

**Name of Child: Date of Birth: Stage:**

**Current Early Years establishment:**

**Current pattern of attendance: (Full days / half days)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM** |  |  |  |  |  |
| **PM** |  |  |  |  |  |

**Has parent/guardian been consulted about this request for support:**

**Other Agencies Involved with contact details if known: (SLT, Educational Psychologist, OT, Health visitor etc)**

|  |  |  |
| --- | --- | --- |
| **Agency:** | **Name:** | **Contact Details:** |
|  |  |  |
|  |  |  |
|  |  |  |

**Purpose of Referral to EYSS: *(think about specific advice, or key areas you wish to be addressed by / with our service)***

|  |
| --- |
| *
*
*
 |

**Current nursery placement targets:**

|  |
| --- |
| *
*
*
 |

**Do any Child Protection issues exist?**

**Have these concerns been raised to the Authority**

**using Management Circular 57?**

**Has an application been made for a deferred year in nursery? Yes / No**

**Brief Developmental Background *(including developmental milestones, general health, Specific health conditions, hospitalisation, vision, hearing, feeding and sleeping patterns).***

|  |
| --- |
|  |

****

**Brief overview of Assessment Profile: *(Include language, communication style/strategies, motor skills, cognitive abilities, social and emotional development, play)***

|  |
| --- |
| ***Safe-******Healthy –******Achieving –*** ***Nurtured*** ***Active –******Respected –******Responsible –*** ***Included –*** |

**Progress in learning and what works, evidence of what has been tried and impact: (what have you tried – specifically what has worked and what has not)**

|  |
| --- |
| *
*
 |

**Additional Comments/ Extract of minutes:**

|  |
| --- |
|  |

 **Referrer:** \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_

**Please attach SIIM minutes where attendance is noted and agreed actions are indicative that a referral to the EYSS is appropriate as per “Referral process to EYSS” guidelines.**