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

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**Current nursery placement targets:**

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**Do any Child Protection issues exist?**

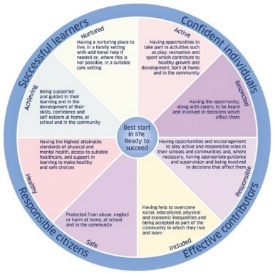
**Have these concerns been raised to the Authority**

**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).***

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

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| ***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)**

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**Additional Comments/ Extract of minutes:**

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|  |

**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.**