**EARLY YEARS SUPPORT SERVICE**

**REFERRAL PROFORMA**

**EYSS Office use only**

Date Received:

Date Allocated:

Allocated to:

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

**Current Education Setting:**

***Early Years only***

* **Please highlight: Term time / 52 weeks**
* **When is child due to start school?**
* **Has an application been made for an additional year in nursery? Yes / No / Not applicable**
* **Receiving Primary school:**

***All referrers***

* **Has parent/guardian been consulted about this request for support: Yes / No**
* **Parent / guardian consent to EYSS contacting named involved agencies: Yes / No**

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

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

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

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| --- | --- | --- |
| **Agency:** | **Name:** | **Contact Details:** |
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**Purpose of Referral to EYSS: *(i.e. specific advice, or key areas you wish to be addressed by / with our service)***

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**Current education targets:**

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* **Do any Child Protection issues exist? Yes / No**
* **Have these concerns been raised to the Authority Yes / No**

 **using Management Circular 57?**

* **Is the child / young person Care Experienced? Yes / No**

**Brief Developmental Background *(including developmental milestones, general health, Specific health conditions, hospitalisation, vision, hearing, feeding and sleeping patterns and previous early years setting if applicable).***

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**Brief overview of Assessment Profile: *Include language, communication style/strategies, motor skills, cognitive abilities, social and emotional development, play.* A WAP may be attached instead if available**

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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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|  |

I have read and acknowledge EYSS Processes I Attached SIIM Parental consent

 **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.**