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| **REFERRAL TO THE EARLY YEARS SINGLE POINT OF ACCESS** | | | |
| **CHILD INFORMATION** | | | |
| Name: | Date of Birth: | | |
| Days/times child attends setting: | | | |
| Setting Address: | | | |
| SENCO name: | | | |
| Contact email: | | Telephone: | |
| Is the child in receipt of:  3-year-old Early Education Funding:  2-year-old Early Education Funding:  Inclusion Funding:  (if yes, please state what level of Inclusion Funding the child has been allocated) | |  | |
| **CHECKLIST OF REQUIRED DOCUMENTATION FOR REFERRAL:** | | | |
|  | | | Tick |
| Referral Information Sheet – Signed by parent and setting | | |  |
| Recent Early Help Assessments/ review forms – consent in the ‘Information Sharing box’ for ‘Educational Psychology’, ‘Ladywood Outreach’ and ‘Single Point of Access panel’ | | |  |
| Evidence of Graduated Approach that been implemented and actions taken to support the child in your setting (Assess, Plan, Do, Review process) e.g IEP’s, play plans, provision maps etc for at least 2 cycles. | | |  |
| Ratings of concern scale completed | | |  |
| Any external agency reports you might have | | |  |
| **\*NB documentation in red MUST be included in your referral.** | | |  |
|  | | | |
| **SETTING DECLARATION** | | | |
| I understand that, the information provided by the setting here will form part of discussions between services and the sharing of this child’s information to relevant personnel and services working within the ‘Single point of Access’ and agree to share all correspondences from SPOA to the child’s parents/carers.  **Signed (on behalf of the setting) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **PARENT DECLARATION** | | | |
| I am aware of the referral for the Early Years Single Point of Access for my child and that the child’s information will be shared with relevant personnel within these services. I give permission for the provider to share reports and my child’s information with professionals to support the referral decision.  **Signed (parent)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please send referrals through to EYSENDSPOApanel@bolton.gov.uk** | | | |