



# WARRINGTON

Borough Council

## Request form for a specialist placement in Sandy Lane Nursery and Forest School Rainbow Room

### Child's details:

Name:			
Date of Birth:		Gender:	
Address:			
Telephone:			
Email:			
GP:			
First Language:			
If the child is known to any medical professionals please state here, i.e. Paediatrician			

### Please list all significant others known to the young person (Including parents and or carers)

Surname	First name	Address if different from above	Relationship	DOB/EDD	M/F	PR	School / Nursery / Occupation

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**Background Information**

- Have Health Notified LA of child via an Early Health Notification? (Yes/No/Unsure)
- Does the child have an Early Help Assessment open? (Yes/No/Unsure)
- Is the child in receipt of or in process of requesting DLA? (Yes/No/Unsure)
- Is the child known to the Child Development Centre? (Yes/No) (If so please state the services involved)  
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- Does the child have a diagnosis of a learning and/or medical need(s)? (if so please state below).....  
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.....
- Does the child have an EHCP? (If so please state the EHC co-ordinators details and the date that the plan was published  
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.....  
.....
- Does the child currently attend an Early Years Provision/Child Minder? (If so please name the setting).....  
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.....

**Describe the child's significant primary needs;** *eligibility is 70% delay across two or more areas of need.*

**1 Communication and Interaction** *(Speech and language difficulties (SCLN) Social communication delay (SCD) attention and listening, interaction with others and understanding.*

**2 Sensory and or Physical needs** *(Physical Disability (PD) Vision Impairment (VI) Hearing Impairment (HI), feeding,*

**3 Cognition, Play and Learning**

*How does the child play, engage in activities, what are the child's interest and or fascinations.*

**4 Social Emotional and Mental Health needs.**

**5 Medical needs**

***It is essential that you provide developmental tracking information alongside this pen portrait to help evidence the child's current level of development.***

**Services currently involved**

Please provide details of professionals involved including contact details. .

Speech and Language therapy

Occupational Therapy

Physiotherapy

Paediatrician

Educational Psychologist

Specialist sensory service (V.I, H.I)

Portage

Any other professionals; (Please list below)

**Parental and or carer consent:**

I agree with this referral and I acknowledge that the panel may not award my child a place as other applicants may take preference due to a higher level of need. I understand that the information recorded on this form, and any relevant information gained, will be shared with the Sandy Lane Nursery and Forest School Provision Panel and any other relevant services that may be appropriate.

I have had the reasons for information sharing explained to me and I understand those reasons.

Parent/ Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Professional signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please delete as appropriate if verbal consent has been shared and detail why YES/NO**

Please return to: [PFSY-BSO@warrington.gov.uk](mailto:PFSY-BSO@warrington.gov.uk)

**Additional information**

**Please attach the following to your request and submit this with your application**

- Developmental tracking data, for education providers this must be completed on the Early Years Local Authority Summative Assessment form (a copy available in application pack), the data should be recent, relating to child's development during spring term. We welcome any other additional tracking also which may be in place such as Portage tracking or the Cambridge tracking profile.
- For applications from health professional we welcome the ASQ ages and stages report that demonstrates the level of the child's development.
- Relevant professional reports that you feel may support the application, *i.e. Multidisciplinary assessments, including SALT, E.P reports, and portage steps, progress checks at 2 years.*
- Personal Plans and or Medical care plans that may currently already be in place i.e. risk assessments.
- Any other relevant supporting evidence that you may wish to submit alongside this request.

**Please note this information will be shared with the Inclusion Panel.**

**Development Summative Assessment Sheet****Name:****DOB:****Date Completed:****Setting:**

Early Years Outcome	Personal, Social and Emotional development			Communication and Language			Physical Development	
	Making Relationships	Self-confidence and self-awareness	Managing feelings and behaviour	Listening and attention	Understanding	Speaking	Moving and handling	Health and self-care
0-11 months								
8-20 months								
16-26 months								
22-36 months								
30-50 months								
40-60 months								

**Key:** Emerging (EMG)    Expected (EXP)    Exceeded (EXC)

Comments from Key Person in setting	Comments from SENCO