# Notification of Special Educational Needs

## (For Pre-School children)



### Referrals from Health Services:

Under Section 23 of the Children and Families Act 2014, Health Authorities and NHS Trusts have a duty to inform the local authority when they form the opinion that a child under compulsory school age has or may have special educational needs. This form is to be completed when evidence suggests a pre-school child may have significant difficulties/disabilities.

### Education and Social Care referrals:

The form may be completed by any professional agency working with the child and family (including early years setting) and **where clear explanation of the Pre-School Forum system has been given and explicit consent has been given.**

**Please give parent carers a copy of the Preschool Forum Information for Parents Leaflet and a copy of this form.** The leaflet for parents can be downloaded on the following link:

<http://www.worcestershire.gov.uk/WCFEducationServices/download/downloads/id/69/pre-school-forums-%E2%80%93-information-for-parents-and-carers.pdf>

This form may be passed on to schools for when the child starts reception class.

**Please ensure every box is completed (including N/A in the relevant boxes otherwise the PSN will be automatically rejected on receipt.)**

### General Details

|  |  |
| --- | --- |
| Child’s full name |  |
| Date of birth |  |
| Gender |  |
| Parent/Carers details  (please provide full names) | Mother:  Father:  Other: |
| Contact telephone numbers for both parents/carers |  |
| Contact email addresses for both parents/carers |  |
| Please confirm who has parental responsibility |  |
| Child’s home address |  |

### Additional Support Services Involvement

**Social Care / Early Help Services**

|  |  |
| --- | --- |
| If the child has a social worker, please provide their name |  |
| If social care is involved, please highlight the support in place | Child protection / child in need / looked after  Other: |
| Please list any Early Help Services involved with the family? | (E.g. Family or Parent Support / Housing) |

**Health Care Professionals involved (e.g. GP, Health visitor, Speech and Language Therapy Services)**

|  |  |
| --- | --- |
| Name of health professionals | Contact details |
|  |  |
|  |  |
|  |  |

**Educational professionals involved (e.g. SENCO Support Advisor, Area SENCO, Physical Disabilities Outreach, Visual / Hearing Impaired Team)**

|  |  |
| --- | --- |
| Name of educational professionals | Contact details |
|  |  |
|  |  |
|  |  |

### Current Early Years Setting (if child is attending)

|  |  |
| --- | --- |
| Name of Early Years Setting |  |
| Address |  |
| SENCO email address |  |
| Setting phone number |  |
| Name of contact on [Children Service Secure Portal (opens in new page)](https://capublic.worcestershire.gov.uk/Chs_Portal/Home.aspx) |  |
| GR Inclusion Supplement claimed (if applicable): |  |

### EYFS Early Support Levels and summary of needs

Children who meet criteria for a referral to the Pre-School Forum MUST be tracked in their areas of delay using the [EYFS Early Support Tracking Materials available to download on the following link (opens in new page)](https://www.worcestershire.gov.uk/WCFEducationServices/info/31/early-years-inclusion/67/early-years-inclusion-z-resources/3)

Please provide the child’s current levels of SECURE functioning only:

|  |  |  |
| --- | --- | --- |
| **Area of Development** | **Chronological age (in months)** | **SECURE EYFS Early Support stage (e.g. 0-11) and Step** |
| Personal, Social & Emotional - PSED |  |  |
| Physical - PD |  |  |
| Communication and Language - CL |  |  |
| Thinking |  |  |

|  |
| --- |
| Please provide a summary of the child’s difficulties or medical condition(s), which may constitute special educational needs. Where an indicative diagnosis has been made, please state. Please attach any relevant reports. |
|  |

### Consideration for specialist services input

**Referrals to specialist provision must have taken place at least a term in advance – e.g. no later than the proceeding April that the child would start specialist nursery provision.**

Please consider whether a referral to the following specialist services are appropriate:

|  |  |
| --- | --- |
| Specialist Nursery Assessment Class or Batchley Nursery Plus | Yes / No |
| Early Years Language Class | Yes / No |
| Complex Communication Team | Yes / No |
| Learning Support Team | Yes / No |
| Has the above been discussed with parents?  **A referral cannot be made until discussed with parents who have indicated that they are happy with this** | Yes / No |

### Parent/carer views

|  |
| --- |
| Please provide parent/carer views on this referral |
|  |
| Have parents expressed a preference for a school (for when child starts Reception year)? If yes, please state the school. |
|  |

**Please confirm that the following have provided to the parent/carers:**

|  |  |
| --- | --- |
| [Pre-School Forum Parent Leaflet](https://www.worcestershire.gov.uk/WCFEducationServices/info/31/early-years-inclusion/73/education-health-care-needs-assessment) (opens in new window)  <http://www.worcestershire.gov.uk/WCFEducationServices/download/downloads/id/72/wcf-pre-school-forum-information-for-parents-oct-2020.pdf> | Yes  /  No |
| A copy of this Pre-School Notification | Yes / No |

**I confirm that this information is accurate and that I am happy with information being collected and shared about my child’s special educational needs as described in the attached leaflet (link above) .**

|  |  |
| --- | --- |
| Parent Signature  (required) |  |

**I confirm that I have discussed this referral with the Parents/Carers.**

|  |  |
| --- | --- |
| Signature of referrer |  |
| Status / Job Role |  |
| Name in Capitals |  |
| Date of referral |  |
| Secure email address of referrer |  |
| Countersigned by Pre-School Forum member (e.g. inclusion team) if an Early Years Setting referral |  |

**Please return this form, together with any relevant reports to SEND Services via secure e-mail –** [**SENAssessmentPSF@worcschildrenfirst.org.uk**](mailto:SENAssessmentPSF@worcschildrenfirst.org.uk) **or via the Children's Services Portal.**

**Additional resources / contacts**

|  |
| --- |
| SEND Education Provision – Early Years SEND <https://www.worcestershire.gov.uk/info/20613/send_school_provision_and_education_health_care_plans_ehcp/1798/send_education_provision> |
| Graduated Response (SEND support in education provision)  <https://www.worcestershire.gov.uk/graduatedresponse> |
| Early Years Inclusion team – 01905 843 099  [eyinclusion@wprcschildrefirst.org.uk](mailto:eyinclusion@wprcschildrefirst.org.uk) |
| WCF Pre-school Forums overview  <https://www.worcestershire.gov.uk/info/20536/education_schools_and_colleges_send_local_offer/1831/pre-school_forums> |
| SEN Assessment PSF Tel number - 01905 845 726 |