# PSF Monitoring Form / Q5

## Pre-School Forum Request for Educational Advice and Information from Early Years Setting

### This form may be passed to parents and other agencies.

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| **Child Forename(s):** |  |
| **Child’s Surname:** |  |
| **Date of birth:** |  |
| **Gender:** |  |
| **Name of maintained pre-school setting:** |  |
| **Name of SEN**  **Coordinator /**  **EY teacher:** |  |
| **Contact no and email address:** |  |

## Early Years Foundation Stage Early Support – Current Levels of Functioning

Settings who support children with additional needs should use the Early Support tracking tools which can be downloaded on the following link; <https://www.worcestershire.gov.uk/WCFEducationServices/info/31/early-years-inclusion/67/early-years-inclusion-z-resources/3>

**SECURE EARLY SUPPORT LEVELS/STEPS ONLY TO BE PROVIDED**

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| **Date of latest tracking information**: | Chronological age | EYFS /Early Support Secure Steps (e.g. 8-20 months / step 5) |
| Personal, Social and Emotional development |  |  |
| Physical Development |  |  |
| Communication and Language |  |  |
| Thinking |  |  |

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| **Parents/Carer views:**  Please describe parent/carer views on the child’s progress and any information they wish to pass to the Forum. |

## Strengths and Needs

### Please give details of the child's Strengths and Needs

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| **Strengths** | **Needs** |
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## Health

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| Details of any medical condition which is relevant to the child’s special educational needs, including date of diagnosis and name and status of person who made diagnosis. |
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## Involvement of Specialist Services

### If you have completed before you only need to inform us of new services that have become involved.

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| Service | Name of person involved | Most recent contact date | Period of involvement |
| Educational Psychologist |  |  |  |
| Early Years Team |  |  |  |
| Special School Outreach Team |  |  |  |
| Local Authority Support Services – CCN/ Hi/ Vi/ MSI |  |  |  |
| Physical Disability Outreach Support Team |  |  |  |
| Community Paediatrician |  |  |  |
| Speech & Language Therapist |  |  |  |
| Occupational Therapist |  |  |  |
| Physiotherapist |  |  |  |
| CAMHS under 5’s |  |  |  |
| Virtual School |  |  |  |
| Umbrella Pathway |  |  |  |
| Others (please specify) |  |  |  |

**Please complete if the child is NOT currently in their preschool year:**

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| **Would the child benefit from a placement at a Nursery Assessment Unit or Batchley Nursery Plus in their preschool year?**  Yes / No  Please confirm that this has been discussed and agreed by parents: Yes / No |
| **Would the child benefit from a placement at a Specialist Language Unit in their preschool year? (Speech and Language MUST be their primary area of need and need for an EYLC placement agreed by the Therapist)**  Yes / No  Please confirm that this has been discussed and agreed by parents: Yes / No |

**Please complete if the child IS IN their pre-school year**

Requests for additional support on entry into reception for children in their preschool year.

(i.e. children requiring support above what the notional SEND budget can provide). Please refer to information within the Graduated Response Within Worcestershire, SEND Local Offer: [**https://www.worcestershire.gov.uk/graduatedresponse**](https://www.worcestershire.gov.uk/graduatedresponse)

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| **Section A**  Is the child displaying secure skills in the **16-26 stage** of development **in their pre-school year**?  Yes / No  If yes – the Local Authority expects these children to be supported within the SEN notional Budget and the child will be removed from the pre-school forum.  If no – please move to section B |
| **Section B**  Is the child displaying secure and emerging skills in the **8-20 stage** of development **in their pre-school year?**  Yes / No (if no please move onto section C)  If YES a strengths and needs report can be requested in order to consider whether the child meets criteria for ENHANCED support on entry into school. Please indicate which team would be the most suitable:  CCN/Autism – for children with a diagnosis of YES / NO  Autism Spectrum Conditions  Learning Support Team – for children who are YES / NO  not potentially on the spectrum |
| **Section C**  Is the child displaying emerging or developing skills in at least one area of **0-11 months in their pre-school year?**  Yes / No  If YES then the Pre-school forum will refer the child to the Integrated Assessment for consideration of an Education Health Care Needs Assessment. |

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| If you have any difficulties completing this form please contact your Area SENCO or SENCO Support Assistant from the Early Years Inclusion Team 01905 843099.  This form and relevant documentation should be sent to the SEND team via the Worcestershire Chs Secure Portal [**https://capublic.worcestershire.gov.uk/ChS\_Theme/**](https://capublic.worcestershire.gov.uk/ChS_Theme/)  Via post to SEND Services – Education and Early Help, Worcestershire Children First Families and Communities  , **Children, Families and Communities**  County Hall, Spetchley Road, Worcester, WR5 2NP  Email: [SENAssessmentPSF@worcschildrenfirst.org.uk](mailto:SENAssessmentPSF@worcschildrenfirst.org.uk) |

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| Signed: …………………………………………..  Name: …………………………………………..  Date: …………………………………………..  Position held: …………………………………………… |