City of
Stoke-on-Trent

National **Portage** Association
Partners with Parents and Children

Referral to the Early Years Inclusive Learning Service

Name
Date of Birth
Gender
NHS number
Ethnicity and language(s) spoken at home
If in a school, setting or childminder: admission date and hours attended:
Diagnosis (if applicable, please provide supporting documents)
Parent/carer's name: Address: Contact number: Parental responsibility: Yes / No Email:
Parent/carer's name: Address: Contact number: Parental responsibility: Yes / No Email:
Please state if the child currently has support from an Early Help, Child in Need Plan or Child Protection Plan and the details of professionals involved.

Professionals involved (please give name)

Speech and Language Therapist:
Community Paediatrician:
Early Years Setting:
Any other professionals:

Please complete as fully as possible, we may not be able to process the referral without the information

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Summary of child's needs: Does the child have delays or needs in these areas? If so please give additional information in the boxes provided (You only need to comment in relevant boxes)

Communication and interaction: (*Comment on use of language, gestures, alternative systems such as signing, level of understanding, concentration etc. You should also comment on how they communicate their needs)*
Physical skills (*comment on their mobility, toileting and self-care and skills in tasks such as feeding, etc,)*
Social, Emotional and Mental Health *(relationships with other children and adults, ability to manage own emotions, challenging behaviour, recognising emotions in others etc.)*
Medical/Sensory needs *(vision or hearing difficulties, medical needs that impact on their development or ability to access learning opportunities.)*
Any other information? (*Describe any other relevant issues not mentioned above)*

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Actions taken to help the child so far:
(Please include signposting, referrals made, interventions used, etc)

Please tell us about any assessments carried out and developmental levels

Health Visitors must include the most recent ASQ scores

Date	Communication	Gross Motor	Fine Motor	Problem Solving	Personal & Social
Actual score/ possible score					
Colour (white/grey/black)					

Settings & schools must include recent levels from the Stoke Child Development Tool

Date	Listening attention & understanding	Speaking	Self regulation	Managing self	Building relationships	Gross motor	Fine motor

Other agency assessment information

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Referrer details

Name and service
Contact details *(phone and email)*
Date that parents confirmed consent
Date

Please discuss below with parents and gain consent:

If this child is not in a setting, parents/carers have consented to a referral to the Portage service.

Confirm if consent given:

PLEASE RETURN TO: Inclusive Learning Service EYILS.sp@Stoke.gov.uk
Please contact us on 01782 232292 with any queries

Referral forms should be completed electronically

At Stoke-on-Trent City Council we take your privacy seriously and will only use your personal information for purposes required or allowed by law. You can find information about how we handle your personal information by visiting stoke.gov.uk/dataprotection