



REFERRAL FORM TO THE



EARLY YEARS INCLUSIVE LEARNING SERVICE

Referral to: Forum Portage Forum and Portage

Child's name:
Date of birth:
Gender:
NHS number:
Diagnosis: (if applicable)
Address: Postcode:
Language spoken at home:
Interpreter required: Yes / No
Ethnicity:
Parent/carer's name: Address: Contact number: Parental responsibility: Yes / No Email:
Parent/carer's name: Address (if different): Contact number: Parental responsibility: Yes / No Email:
Early Help: Yes / No CIN: Yes / No Child Protection: Yes / No
Looked After Child: Yes / No If yes, name of Local Authority:
Current Early Years setting:
Intended school (If application made):

Agencies involved

(Please give name and contact numbers)

GP:

Speech and Language Therapist:

Physiotherapist:

Occupational Therapy:

Hearing Impaired/Visually Impaired Services:

Community Paediatrician:

Social worker:

Other professionals:

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 - Yes/No

Details (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 - Yes/No

Details (comment on their mobility, toileting and self-care and skills in tasks such as feeding, mark-making etc.)

Social, Emotional and Mental Health - Yes/No

Details (relationships with other children and adults, ability to manage own emotions, challenging behaviour, recognising emotions in others etc.)

Medical/Sensory needs - Yes/No

Details (vision or hearing difficulties, medical needs that impact on their development.)

<p>Any other relevant information? (<i>Describe any other relevant issues not mentioned above</i>)</p>
<p>Actions taken to help the child so far: <i>(Please include referrals made, interventions used, etc)</i></p>
<p>Please tell us about any assessments carried out and developmental levels (Bayley's, ASQ scores etc) <u>If you are a setting, you must include levels from the Stoke Child Development Tool or the Locke and Beech</u></p>
<p>Parent/carer comments, concerns and/or views:</p>
<p>Has the referrer provided any extra relevant information from their service? Such as, a setting summary, Bayley's Assessment, clinic letter/s, Speech and Language report etc Yes / No</p>
<p>Completed by (please use block capitals): Name: Job title: Address: Contact number:</p>
<p>I confirm that the parents have consented to the above referral: Signed: Date:</p>

PLEASE RETURN TO:
Inclusive Learning Service, Hazel Trees, Duke Street, Fenton, Stoke-on-Trent, ST4 3RN or email EYIS@stoke.gov.uk from a secure email address or using an agreed password

Please be aware that a child is not eligible for Portage if they attend a setting or are looked after by a childminder. Please contact us on 01782 231285/233798 if you are not sure about submitting a referral.

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