**Wigan Early Learning & Childcare Team**

**School - Request for Involvement form**

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| Please refer to criteria below **before** completing the Request for Involvement form.  An Early Years Support Tool document **must** be completed and sent with the application.   |  |  |  | | --- | --- | --- | | **Evidence to be Provided** | **Yes** | **No** | | You have evidenced that you have put in place Ordinary Available Inclusive Provision, The Graduated Approach is embedded, and you can evidence the Assess, Plan, Do, Review cycle of support has been implemented. |  |  | | Early Support Tool has been completed and shows the child has made little or no progress and is working 18 months or more below age related expectations in 2 or more prime areas of learning. (If settings use their own support tool this can be submitted, for example B-squared). |  |  | | Evidence of involvement from external agencies. The child will need to have 1 or more agency involvement, examples of such services are Speech & Language Therapy, Occupational Therapy, Early Years Health & Development Team. (Excluding Universal Services e.g., Health visitor). Or confirmation that a referral has been accepted. |  |  | | Evidence provided in the application reflects that school are providing above elements 1 & 2 of school’s own resource. |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1. **General Information** | | | | |  | | | | | | **Setting Name:** | | | | | **Date:** | | | | | | **Childs Name:** | | | | | **Date of Birth:** | | | | | | **Address:** | | | | | **Ethnicity:** | | | | | | **Parent / Carer Names:** | | | | | **Parent / Carer telephone and email address:** | | | | | | **Date the child started:** | | | | | **Hours and sessions the child attends:** | | | | | | **1.General Information continued...** | | | | | | | | | | | **Are Social Care Involved? Yes ☐ or No ☐**  **If yes, provide an update if involvement**  **(Include name and contact number of the Social Worker)** | | | | | **Is there a Early Help in place? Yes ☐ or No ☐**  **If yes, give details of purpose and the name of the Lead professional** | | | | | | **Are you receiving EYPP funding for the child? Yes ☐** or No **☐**  **If yes, how is this being used?** | | | | | **Is the child in receipt of Disability living allowance (DLA)? Yes ☐** or No **☐**  **If yes, have you applied for Disability access fund (DAF)?** | | | | | | **Has the child got any formal diagnosis?** | | | | | **What is the child / families home language?** | | | | | | **Have you already sought advice from other support services such as TESS / Outreach? If yes, please describe their current involvement** | | | | | | | | | | | **2.Child’s Main Area of Need (tick appropriate box):** | | | | | | | | | | | **Cognition & Learning ** | | **Communication & Interaction ** | | **Cognition & Learning ** | | | **SEMH ** | **Sensory, Physical or Medical ** | | | **3.Parents/carers Views** Detail here your conversation with the child’s parent/carer, their views on their child’s progress & development, any celebrations or concerns they wish to share. | | | | | | | | | | |  | | | | | | | | | | | **4. Voice of the Child** | | | | | | | | | | | What is important to me? Who is important to me? Things I like to do? | | | | | | | | | | |  | | | | | | | | | | | **5. Description of the child’s strengths and needs** | | | | | | | | | | | **Strengths** | | | | | | | | | | |  | | | | | | | | | | | **Needs** | | | | | | | | | | |  | | | | | | | | | | | **6. Describe interventions / strategies that are in place and the impact** | | | | | | | | | | | Intervention / Strategies in place | | | | | | Impact | | | | |  | | | | | |  | | | | | **7.External agency involvement** | | | | | | | | | | | **Service Name** | **Therapist / Professionals Name** | | **Description of Involvement** | | | | | | **Report Attached**  **Yes or No** | |  |  | |  | | | | | |  | |  |  | |  | | | | | |  | |  |  | |  | | | | | |  | |  |  | |  | | | | | |  | | **Please provide any additional Health Information:** | | | | | | | | | | |  | | | | | | | | | |  |  |  | | --- | --- | | **8. Parental Consent:** | | | **Parent/Carers consent:**   * I give consent for the setting to discuss my child’s needs with the Early Learning and Childcare (ELCC) team and other professionals. * I agree to the Early Learning and Childcare Team to observe and assess my child.      * I give consent for ELCC to liaise with other professionals for further advice and support that may benefit my child. * I give consent for the Early Learning and Childcare Team to contact me direct if needed. * I understand that information will be recorded and stored on a database with the Early Learning and Childcare Team. * I give consent for transitional information to be given to any setting or school to which my child is due to attend. * I understand I will be kept fully informed of the outcome of any discussions by my child's setting or lead professional. * I give consent for the Early Learning and Childcare Team to contact me to offer training and/or invite me to Parent Partnership sessions.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Name of Parent / Carer with parental responsibility:** | | | **Signature of Parent / Carer:** | **Date:** | | **Name of Setting Representative:** |  | | **Signature of Setting Representative:** | **Date:** | | To be completed for children not previously known to ELCC  Please refer to criteria below **before** completing the Request for Involvement form.   |  |  |  | | --- | --- | --- | | **Evidence to be Provided** | **Yes** | **No** | | You have evidenced how your high quality EYFS curriculum and Universal and Focused offer of The Graduated Approach are embedded, and you can evidence the Assess, Plan, Do, Review cycle of support has been implemented. |  |  | | Progress has been monitored and reviewed since the starting point and EYFS data shows the child has made little or no progress and is working 18 months or more below age related expectations in 2 or more prime areas of learning. |  |  | | Evidence of involvement from external agencies. The child will need to have 1 or more agency involvement, examples of such services are Speech & Language Therapy, Occupational Therapy, Early Years Health & Development Team. (Excluding Universal Services e.g., Health visitor). Or confirmation that a referral has been accepted. |  |  | | Evidence provided in the application reflects that school are providing above elements 1 & 2 of school’s own resource. |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1. **General Information** | | | | |  | | | | | | **School Name:** | | | | | **Date:** | | | | | | **Childs Name:** | | | | | **Date of Birth:** | | | | | | **Address:** | | | | | **Ethnicity:** | | | | | | **Other settings the child attends:** | | | | | | **Parent / Carer Names:** | | | | | **Parent / Carer telephone and email address:** | | | | | | **Date the child started:** | | | | | **Hours and sessions the child attends** | | | | | | **1.General Information continued...** | | | | | | | | | | | **Are Social Care Involved? Yes ☐ or No ☐**  **If yes, provide an update if involvement**  **(Include name and contact number of the Social Worker)** | | | | | **Is there a Early Help in place? 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Yes ☐ or No ☐**  **If yes, how is this being used?** | | | | |  | | | | | | **Has the child got any formal diagnosis?** | | | | | **What is the child / families home language?** | | | | | | **2.Child’s Main Area of Need (tick appropriate box):** | | | | | | | | | | | **Cognition & Learning ** | | **Communication & Interaction ** | | **Cognition & Learning ** | | **SEMH ** | | **Sensory, Physical or Medical ** | | | **3.Parents/carers Views** Detail here your conversation with the child’s parent/carer, their views on their child’s progress & development, any celebrations or concerns they wish to share. | | | | | | | | | | |  | | | | | | | | | | | **4.Childs progress data:** | | | | | | | | | | | **Communication & Language** | | | **Personal, Social & Emotional** | | | | **Physical** | | | | Listening, attention & understanding:  Speaking: | | | Self-Regulation:  Managing Self:  Building Relationships: | | | | Fine Motor:  Gross Motor: | | | | Insert Specific Areas | | | | | | | | | | | **5. Description of the child’s strengths and needs** | | | | | | | | | | | **Strengths** | | | | | | | | | | |  | | | | | | | | | | | **Needs** | | | | | | | | | | |  | | | | | | | | | | | **6.External agency involvement** | | | | | | | | | | | **Service Name** | **Therapist / Professionals Name** | | **Description of Involvement** | | | | | | **Report Attached**  **Yes or No** | |  |  | |  | | | | | |  | |  |  | |  | | | | | |  | |  |  | |  | | | | | |  | |  |  | |  | | | | | |  | | **Please provide any additional Health Information:** | | | | | | | | | | |  | | | | | | | | | |  |  |  | | --- | --- | | **6. Parental Consent:** | | | **Parent/Carers consent:**  •I give consent for the setting to discuss my child’s needs with the Early Learning and Childcare (ELCC) team and other professionals.  •I agree to the Early Learning and Childcare Team to observe and assess my child.  •I give consent for the ELCC team to use the information gathered during the assessment to consider at an Early Years Panel if Early Years support for my child is appropriate.  I give consent for ELCC to liaise with other professionals for further advice and support that may benefit my child.  •I give consent for the Early Learning and Childcare Team to contact me direct if needed.  •I understand that information will be recorded and stored on a database with the Early Learning and Childcare Team.  •I give consent for transitional information to be given to any setting or school to which my child is due to attend.  •I understand I will be kept fully informed of the outcome of any discussions by my child's setting or lead professional.  •I give consent for the Early Learning and Childcare Team to contact me to offer training and/or invite me to Parent Partnership sessions.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Name of Parent / Carer with parental responsibility:** | | | **Signature of Parent / Carer:** | **Date:** | | **Name of Setting Representative:** |  | | **Signature of Setting Representative:** | **Date:** | |

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**Please complete and return the signed form to** [**ELCCInclusion@wigan.gov.uk**](mailto:ELCCInclusion@wigan.gov.uk)