

Wigan Early Years Request for Involvement

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| Additional Information to support the request for Involvement: |
| Description of the child’s strengths and needs: |
| Strengths  |
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| Needs |
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| 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 provide advice to support 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 understand I will be kept fully informed of the outcome of any discussions by my child's school.**
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| **Name of parent/carer with parental responsibility:** | **Signature of parent/carer:** | **Date:** |
| **Name of setting representative:** | **Signature of setting representative:**  | **Date:** |

**Please complete the checklist below before returning the signed form to** **ELCCInclusion@wigan.gov.uk**

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| Early Years Support Tool attached? | Yes/No |
| SEN Support Plan attached? | Yes/No |
| WELLCOMM assessment attached, and/or ASQ SE/ 2-year-old progress check? | Yes/No |