

Request for Involvement form (Parents/Professionals)

<p>Wigan Early Learning & Childcare Team</p> <p>Request for Involvement form (Parents/Professionals)</p>
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Name of person completing this referral:	Date referral completed:
Contact Details of the Referrer: Telephone:	Contact Details of the Referrer: Email address:
Child's Name:	Date of Birth:
Address:	Ethnicity and families home language:
Parent/Carer Names:	Parent/Carer telephone and email address:
Does the child attend a setting/Childminder?	Name of setting or Childminder:

What was the outcome of the child's 2-year-old check/WELLCOMM assessment?	Name of Health Visitor who completed the assessment?
Is the child known to any health professionals? Yes No (Delete as appropriate)	Provide names of professionals and update of their involvement:
Does the child have a formal diagnosis? Yes No (Delete as appropriate)	Please provide further details:
Is there an Early Help in place? Yes No (Delete as appropriate)	Name of lead professional:
Is the child known to social care? Yes No (Delete as appropriate)	Name of Social worker and update of involvement:

Please provide brief details of the child's needs and attach any recent reports, including involvement from any other professionals;
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Child's main area of need: Tick appropriate box

Cognition & Learning <input type="checkbox"/>	Communication & Interaction <input type="checkbox"/>	Social, Emotional & Mental Health <input type="checkbox"/>	Sensory, Physical or Medical <input type="checkbox"/>
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Parents/Carers Views: Detail here conversation with child's parent/carer, their views on their child's progress and development, any celebrations or concerns they wish to share.

Voice of the Child:

What is important to me? Who is important to me? Things I like to do?

Parental Consent:

Parent/Carers consent:

- I give consent for my child's setting or the referrer to discuss my child's needs with the Early Learning and Childcare (ELCC) team.
- 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 referrer completing this form:	Position/service:
Signature of referrer:	Date:

Please complete and return the signed form to ELCCInclusion@wigan.gov.uk