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| EARLY YEARS PANEL: NOTIFICATION  Updated January 2023 | | | | | | | | | | | | | | | | | | | | | | |
| **1. BASIC DETAILS** | | | | | | | | | | | | | | | | | | | | | | |
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| **Name of Child:** | | | | | | | | **DOB:** | | | | | | | | | | | | | | |
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| **Gender: Male** | | | **Female** | | | | **Other Prefer not to say:** | | | | | | | | | | | | | | | |
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| **Name of parent/carer:** | | | | | | | | | | | | | | | | | | | | | | |
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| **Address:** | | | | | | | | | | | | | | | | | | | | | | |
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| **Postcode:** | | | | | | | |  | | | | | | | | | | | | | | |
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| **Telephone Number:** | | | | | | | |  | | | | | | | | | | | | | | |
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| **Email address parent/carer:** | | | | | | | | | | | | | | | | | | | | | | |
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| **Childcare provider:**  **Date child started:** | | | | | | | | | | | | | | | | | | | | | | |
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| **Key Contact / Coordinator for the child/family:** | | | | | | | | | | | | | | | | | | | | | | |
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| **Name of GP:** | | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | **Is the child eligible for Disability Living Allowance (DLA)? Yes No Unknown** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Is the child in receipt of government early education funding (either 2 year funding or early education funding for 3 & 4 year olds)?** | | | | | | | | | | | | | | | | | | | | | | |
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| **Is the child LAC? Yes / No** | | | | | | | | | | | | | | | | | | | | | | |
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| **Language spoken at home:** | | | | | | | | **Is an interpreter required? Yes / No** | | | | | | | | | | | | | | |
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| **How long has child been in UK?: Since Birth or Approximate Years** | | | | | | | | | | | | | | | | | | | | | | |
| **NOTIFIED BY:** | | | |  | | | |  | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | **Date:** | | | | | | | | | | | | | | |
| **Occupation:** | | | | | | | | **Tel. of notifier:** | | | | | | | | | | | | | | |
| **Email of notifier:** | | | | | | | | | | | | | | | | | | | | | | |
| **2. SUMMARY OF CONCERNS AND REASON FOR NOTIFICATION** | | | | | | | | | | | | | | | | | | | | | | |
| Please summarise strengths and main areas of concerns.Please also include significant life events and relevant medical history. | | | | | | | | | | | | | | | | | | | | | | |
| **3. FAMILY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **4. DESCRIPTION OF CHILD’S CURRENT FUNCTIONING, NEEDS AND CONTEXT**  **4a) Child's General Health**   |  | | --- | |  |   **4b)** Complete ***either*** the Profile of Need ***or*** the ASQ box below.  *(Refer to the levels of need and descriptors in the Portsmouth Early Years Profile of Need which can be found on the Local Offer  https://portsmouthlocaloffer.org/documents/early-years-profile-of-need/)*  Please supply supporting evidence including ASQ, the child’s most recent IEP/ SEN Plan/ EYFS information/ 2-year check and any other relevant reports  **Profile Of Need** | | | | | | | | | | | | | | | | | | | | | | |
| **Profile Area** | | | | **Profile**  **Score 0-4** | | **Commentary - please add a descriptive narrative of the child's needs in relation to the Portsmouth Profile of Need (PON)** | | | | | | | | | | | | | | | | |
| **Physical Health / Medical** | | | |  | |  | | | | | | | | | | | | | | | | |
| **Hearing** | | | |  | |  | | | | | | | | | | | | | | | | |
| **Vision** | | | |  | |  | | | | | | | | | | | | | | | | |
| **Sensory Reactivity** | | | |  | |  | | | | | | | | | | | | | | | | |
| **Speech and Language** | | | |  | |  | | | | | | | | | | | | | | | | |
| **Cognitive Ability** | | | |  | |  | | | | | | | | | | | | | | | | |
| **Social and Emotional** | | | |  | |  | | | | | | | | | | | | | | | | |
| **Interaction** | | | |  | |  | | | | | | | | | | | | | | | | |
| **Mental Health** | | | |  | |  | | | | | | | | | | | | | | | | |
| **ASQ: Completed by:** | | | | | | | | | **Date assessment requested:** | | | | | | | | | | | | | |
| **Area** | | | | | | | | | | | | | **Score x/60** white/grey/black area | | | | | | | | | |
| Communication | | | | | | | | | | | | |  |  | | | | | |  | | |
| Gross Motor | | | | | | | | | | | | |  |  | | | | | |  | | |
| Fine Motor | | | | | | | | | | | | |  |  | | | | | |  | | |
| Problem Solving | | | | | | | | | | | | |  |  | | | | | |  | | |
| Personal-Social | | | | | | | | | | | | |  |  | | | | | |  | | |
| Emotional | | | | | | | | | | | | |  |  | | | | | |  | | |
| **ASQ SE** | | | | | | | | | | | | | **Cut-off -** | | | | | | | | | |
| Score | | | | | | | | | | | | |  |  | | | | | |  | | |
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| **Hearing Assessed:** | | | | | **Results:** | | | | | | | **Any concerns:** | | | | | | | | | | |
| **Vision Assessed:** | | | | | **Results:** | | | | | | | **Any Concerns:** | | | | | | | | | | |
| **SENDIF+ Funding: Do you wish to request SENDIF+ plus funding YES / NO**  **5.**  **CHILD WELLBEING AND SAFETY** | | | | | | | | | | | | | | | | | | | | | | |
| **Family Support Plan (FSP) / Early Help Assessment (EHA)**  **Has an FSP / EHA been completed**?  **Name of FSP / EHA coordinator:**  **Is there Social Care involvement?**  **Is there Early Help involvement?** | | | | | | | | | | | | | | | | | | | | | | |
| ***If 'yes', please send a copy with this notification. If 'no' please explain why*** | | | | | | | | | | | | | | | | | | | | | | |
| **6. PROFESSIONALS/SUPPORT SERVICES INVOLVED** | | | | | | | | | | | | | | | | | | | | | | |
| **List services involved or those to whom you are referring** | | | | | | | | | | | | | | | | | | | | | | |
| **Service** | | | | ***Already Involved***  *(include name)* | | | | **Making a Referral**  *(at the same time as sending this form)* | | | | | | | | | | | | | | |
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| **Referral to Portage. If you are requesting a referral to Portage send a copy of this notification to the Portage team.**  ***NB It is the responsibility of the notifier to send a copy to Portage and EYP will not take this forward.*** | | | | | | | | | | | | | | | | | | | | | | |
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| ***7. CONSENT TO SHARE*** | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/carer consent:** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Portsmouth Early Years Panel will use information provided to us to discuss your child's needs, to ensure the right support is in place in a mainstream setting or to consider the option of specialist provision. Your views and preferences will always be taken into account. We will occasionally seek updates from agencies and services supporting your child. This is explained in our Privacy Notice | | | | | | | | | | | | | | | | | | | | | | |
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| ***Please circle Yes or No and sign below so we know you agree to the following:*** | | | | | | | | | | | | | | | | | | | | | | |
| The reason for the notification to the Early Years Panel has been explained to me | | | | | | | | | | | | | | | | | | **Yes** | | | **No** | |
| I agree to the notification to the Early Years Panel | | | | | | | | | | | | | | | | | | **Yes** | | | **No** | |
| I understand that written information will be kept on file by the EYP about my child | | | | | | | | | | | | | | | | | | **Yes** | | | **No** | |
| I consent that EYP share with the SEND team if an EHC needs assessment request is made | | | | | | | | | | | | | | | | | | **Yes** | | | **No** | |
| I consent that EYP share with the Early Years Inclusion Team | | | | | | | | | | | | | | | | | | **Yes** | | | **No** | |
| I consent that EYP share with the Two Year Old Funding team if support is required to access funding | | | | | | | | | | | | | | | | | | **Yes** | | | **No** | |
| I consent for this form to be shared with Portage as a referral to their service and for other information held by EYP to be shared with Portage | | | | | | | | | | | | | | | | | | **Yes** | | | **N/A** | |
| ***I consent that EYP may seek information/ written reports from all the services listed above in section 6 and 7.*** | | | | | | | | | | | | | | | | | | | | | | |
| **SIGNED or VERBAL AGREEMENT GIVEN by: Parent/carer:** | | | | | | | | | | | | | | | | | | | | | | |
| **Name in capitals:** | | | | | | | | **Date:** | | | | | | | | | | | | | | |
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| ***In order for this notification to be discussed at the Early Years Panel:*** | | | | | | | | | | | | | | | | | | | | | | |
| 1. All notifications**must** be discussed with parents and their informed consent obtained by signing above. | | | | | | | | | | | | | | | | | | | | | | |
| 1. A copy of this notification **must** be sent to: GP **YES / NO** Health Visitor **YES / NO**   *Please confirm* ***YES*** *or* ***NO*** *to both questions to confirm this has been completed.* | | | | | | | | | | | | | | | | | | | | | | |
| 1. The panel **must** receive an Ages and Stages (ASQ) development assessment **unless** the child is known to the Paediatric Services. | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Please attach all relevant reports that parents have agreed to share. | | | | | | | | | | | | | | | | | | | | | | |
| **Ethnic Origin** | | | | | | | |  | | | | | | | | | | | | | | |
| Please ask parent or carer if they wish to provide this information for our monitoring purposes. Please circle relevant group below. | | | | | | | | | | | | | | | | | | | | | | |
| **Asian or Asian British** | | | | | | | | **Black or British Black** | | | | | | | | | **Chinese** | | **Other** | | |
| AIND | APKN | | | ABAN | | AOTH | | BCRB | | BAFR | | | BOTH | | | CHNE | | | OTH | | |
| Indian | Pakistani | | | Bangladeshi | | Any other Asian background | | Caribbean | | African | | | Any other Black background | | |  | | | Any other ethnic group | | |
| **Mixed** | | | | | | | | **White** | | | | | | | | | | | | | |
| MWBC | | MWBA | | MWAS | | MOTH | | WIRI | | | WROM | | WIRT | | WBRI | | | | WOTH | | |
| White & Black Caribbean | | White & Black African | | White & Asian | | Any other mixed background | | Irish | | | Gypsy/ Roma | | Traveller of Irish Heritage | | White British | | | | Any other white background | | |
|  | | | |  | | | |  | | | | | | | | | | | | | |
| Please return this notification by email with relevant information to  **Email: EYSP@portsmouthcc.gov.uk** | | | | | | | | | | | | | | | | | | | | | |