Nursery Plus Referral and Consent Form

in partnership with Devon County Council

Providers Name:	

Please complete all sections and return to your local Nursery Plus base by

- Autumn Term Admission meeting: Last Friday in November,
- Spring Term Admission meeting: Last Friday in February (This may change depending on date of Easter Holidays)
- Summer Term Admissions meeting: Last Friday in June

Child's Details

	First Name	Middle Name(s)	Last Name
Legal Name:			
Language spoken at home:			
Date of Birth:	____/____/_____	**Gender:**	Male / Female
Is the child: *Please highlight*	Looked After / under a Special Guardianship Order / under a Child Protection Order / Adopted		

Referring Providers information

Contact Name:	
Email:	
Telephone:	

Child's Attendance

Start date at referring provider:	

Sessions and times attended:	Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	Start time							
	Finish time							
Additional providers attended with start date:								

Support Provided

			YES	NO	Don't know
Is or has the child been 2-year-old funded?					
Has the child had Let's Talk More intervention?					
Outcome of initial screen			Outcome of re-screen		
RED	AMBER	GREEN	RED	AMBER	GREEN
Have concerns been raised with the Health Visiting Team after the progress check (Integrated Review)?			Yes	No	Don't know
Is the child in receipt of Inclusion Fund			Yes	No	Don't Know
If, yes at what level?			LEVEL 1	LEVEL 2	LEVEL 3
Does the child receive Early Years Pupil Premium?			Yes	No	Don't Know
Has a referral been completed for single agency assessment?			Yes	No	Don't Know
Speech and language					
Occupational therapy					
Physiotherapy					
Other, please state:					
Has a referral been made for a Multi-Disciplinary Assessment (MDA)?			Yes	No	Don't Know
Has an Early Help Assessment been completed?			Yes	No	Don't know

Does the family have an open case on Right for Children?	Yes	No	Don't know
Are any of the following agencies involved?			
Early Years Consultant			
Early Support Advisory Teacher/Portage Home Visitor			
Public Health Nursing Team			
Paediatrician			
Speech Therapist			
Educational Psychologist			
Social Worker			
Children's Centre			
Other, please state:			

Meeting the Referral Criteria /Assessment Information

Referral criteria – all children must meet these criteria

	Please Tick
The child is attending an Early Years Provision	
The child is in receipt of Early Years 3 and 4-year-old Education Funding (EYEF) on commencement of Nursery Plus intervention. Priority will be given to children who are due to start Reception in the coming academic year / September after their fourth birthday.	

In addition to the above, children will meet either Group A <u>or</u> Group B criteria below:

<u>Group A</u> **The child should meet all criteria**:	**Please Tick**
The child is less than 12 months delayed in more than one aspect of the Prime Areas of the EYFS.	
There is evidence that the child is making progress, but this is currently not sufficient to catch up with their peers.	
The child does not need a multi-disciplinary assessment	

<u>OR</u>

Group B **The child MUST meet the Essential Criteria and at least one other criterion below:**		**Please Tick**
1.	**ESSENTIAL CRITERIA**	
i.	The child should be no more than 2 years delayed in any of the Prime areas; the child will be LESS than 2 years delayed in more than one aspect of the prime areas of the EYFS. (Children who are 2 years or more delayed may be supported through specialist services – please contact your EYC if you feel a child is more than 2 years delayed and no other services are involved)	
ii.	The child is likely to attend a mainstream school	
2.	**In addition to the Essential criteria identify at least one from this list:**	
i.	Has been referred to the ICS single point of access for a multi-disciplinary assessment and is waiting for assessment.	
ii.	Has had a multi-disciplinary assessment at the children's assessment centre and has been discharged without further specialist involvement identified **but** continues to require support to make progress within the setting and ensure that their needs can be met.	
iii.	Has emotional and/or social difficulties which are impacting on the child's ability to engage in learning.	
iv.	The setting has significant concerns regarding the child's development, but no other services have been involved prior to starting with the provider.	

Please provide any further information relating to how you feel the child meets the criteria:

Assessments

Please use your most up to date assessments of where the child is working within the EYFS to complete the following charts.

Current Assessments: Please show clearly which age band you are currently planning for and identify whether the child has achieved **few**, **some** or **many** of the statements within that age band for current assessment.
Please mark the relevant box with F/S/M.

Development Matters Prime Areas Overview Grid

Date completed: **Age in months:**

40-60m								
30-50m								
22-36m								
16-26m								
Below 16-26 m								
	MR	**SC&SA**	**MF&B**	**L&A**	**U**	**S**	**M&H**	**H&SC**
	PSED			**C&L**			**PD**	

Further Information

The referral cannot proceed if the information on this page is not completed

Describe the child's strengths in as much detail as possible:
Describe the child's needs relating to how they learn, areas of development needing support and barriers to their learning, in as much detail as possible:
Describe how the child demonstrates that they are aware of their needs:
Describe the strategies you have used to support the child **Provide evidence of the graduated response and assess / plan / do / review process here:**
Describe how Nursery Plus can help you to support these needs:
Describe how you have involved parents/carers: **Have the parents been made aware of the Devon Information Advice Service and the Local Offer? Yes/No**
Parent's comments about the referral:

Incomplete forms or those without enough information will be returned and may miss the panel deadline

Parent consent for referral to Nursery Plus

I have read this form and give my consent for my child to be considered for support at the next Nursery Plus Admissions Meeting. **I understand that, if given a place, Nursery Plus staff will work with my child and the staff within their Early Years Provision. This will include:** • Observing and assessing my child's needs using the Early Years Foundation Stage Curriculum and any other relevant assessments that may be useful. • Working directly with my child at the provision to support their learning and development. • Discussing ways for the staff to support my child when they are at the setting.
I would like to speak to the Nursery Plus Team to discuss this referral YES/NO
Signed:
Print name:
Date of consent:

Parent Consent for sharing personal information

We [**state name of Early Years Provision**] are collecting your personal data to email securely (or sending by recorded delivery in the post) to Nursery Plus Staff for the purposes of requesting support through Nursery Plus for your child. We undertake to ensure your personal data will only be used in accordance with our privacy notice which can be accessed [**state where the Early Years Providers Privacy Notice can be located or provide a hyperlink**].

Nursery Plus staff are based in different schools across the county. Funding is provided to those schools by Devon County Council to enable them to manage the staff as part of the school's staff team. The school's privacy notice where your local Nursery Plus is based can be accessed https://www.ecfschools.org.uk/policies

Please confirm that you give your consent to us collecting your personal data and to Nursery Plus Staff using your personal data as outlined in both the privacy notices, by completing the table below.

I give my consent for you to use my personal data as outlined in the privacy notices
Signed:
Print name:
Date of consent:

You have the right to withdraw your consent at any time. Should you wish to withdraw consent, please contact [**details of the provider**] who will in turn contact the Nursery Plus Staff. If you wish to exercise any of your rights under the General Data Protection Regulations, please contact [**insert name and contact information of the person in your Early Years provision who is responsible for GDPR**].

To be completed by the provider

This referral was completed and discussed with the parent by:
Signed:
Print name:
Job Title:
Telephone:
Date:

FOR NURSERY PLUS USE ONLY:

Date referral received:		
Admissions Panel date:		
Child allocated N+ place	**Yes/No**	
Reason for not allocating a place:	Insufficient information	
	Child not yet receiving EYE Funding	
	Child not meeting referral criteria	
	Other	
Additional Information:		
Actions required:		