***To be presented for discussion at the EY Multi-Agency Planning (MAP) Meeting by the EY Specialist Teacher or Portage Practitioner***

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| **Name of Specialist Nursery requested:** | Choose an item. |

***Please note if Specialist O&A is agreed the child’s home district Specialist O&A Nursery will be offered***

***Child’s Details***

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| --- | --- | --- | --- |
| **Child’s Legal Name:** |  | DoB: |  |
| Primary Need: | Choose an item. | Primary School expected entry: | Choose an item. |
| Parent/Carer Name: |  | Parent/Carer Phone Number: |  |
| Parent/Carer Address: |  |
| Parent/Carer E-mail Address: |  |
| Is the child in receipt of DLA? | Choose an item. | Child in Care (CiC)? | Choose an item. |
| If CiC, which Local Authority has responsibility for the child *(leave blank if Kent)*? |  |

***Current Setting’s Details***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Setting:**  |  | District:  | Choose an item. |
| Setting Contact Name: |  | Role:  |  |
| Ofsted URN: |  | Setting phone number: |  |
| Setting contact address:  |  |
| Setting contact email address:  |  |
| Child’s start date / expected start date at setting: | Click or tap to enter a date. |
| Hours child is attending: | MON | TUES | WEDS | THURS | FRI |
|  |  |  |  |  |
| Eligible for:  | Choose an item.  |
| Eligibility Number *(30 hours only):* |  | Parent Applicant National Insurance Number *(30 hours only)*: |  |
| Is the Setting in receipt of Disability Access Fund (DAF) for the child? | Choose an item. |
| Has a request for Special Educational Needs Inclusion Fund (SENIF) been made? | Choose an item. |
| Does the child attend another Private, Voluntary or Independent Setting or childminder?  | Choose an item. |
| Name of Setting: |  | Hours attended: |  |

***Other Agency Involvement***

|  |  |  |  |
| --- | --- | --- | --- |
| Portage:  | Choose an item. | Portage Practitioner Name:  |  |
| NHS Children’s Care Coordination Team:  | Choose an item. | NHS Keyworker Name:  |  |
| Visit / Contact from Equality & Inclusion Team:  | Choose an item. | Date of visit:  | Click here to enter a date. |
| Discussed at Early Years Local Inclusion Forum Team (LIFT):  | Choose an item. | Date of EY LIFT meeting:  | Click here to enter a date. |
| Visit from Specialist Teaching & Learning Service (STLS):  | Choose an item. | STLS Name:  |  |

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| Please indicate other agency involvement (please tick all relevant professionals)  |
| [ ]  | Paediatrician | [ ]  | Occupational Therapist |
| [ ]  | Speech and Language Therapist | [ ]  | Early Help |
| [ ]  | Physiotherapist | [ ]  | Social Worker |
| This request has been discussed with the current setting, if appropriate?  | Choose an item. |
| This request has been discussed with the Specialist Teacher, if appropriate?  | Choose an item. |
| Has Statutory Assessment of Special Educational Needs been requested?  | Choose an item. |
| Date Statutory Assessment requested | Click here to enter a date. |
| Please give a pen picture of the child and their needs and why a specialist Observation and Assessment placement is being requested: |
| Level of support currently needed: |

***Child’s Current Attainment***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Current age in months** |  | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **Aspects** | Making relationships | Self-confidence and self -awareness | Managing feelings and behaviour | Listening and attention | Understanding | Speaking | Moving and handling | Health and self-care |
| **Prime Areas of Learning** |

***Declaration***

|  |  |  |  |
| --- | --- | --- | --- |
| Setting Signature: |  | Date:  | Click here to enter a date. |
| Name of Setting Signatory: |  |
| Role: |  |
| Portage Practitioner Signature: |  | Date: | Click here to enter a date. |
| Name of Portage Practitioner: |  |
| ***By signing this form I agree for information to be shared with other professionals.******I understand that it is the responsibility of parent/carer to arrange and provide transport for their child to any pre-school setting including specialist O&A placements.*** |
| Has parental agreement been sought? | Date: | Click here to enter a date. |
| Choose an item. |
| Name of Parent/Carer: |  |
| **It is the responsibility of the setting to hold the agreement to engage from the PCi2 part of the EY LIFT Referral form or Portage referral form.****If the request is made by the Portage team it is Portage responsibility to retain the agreement to engage from the Portage referral form.** |

Please send securely to your Specialist Teacher and copy to County SEN Inclusion Fund Officer at SENIF@kent.gov.uk

Please also ensure you include the following pre-existing mandatory evidence in

order for it to be presented to support the request at the termly MAP meeting.

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| **CHECKLIST** |
|  | Completed Specialist Nursery Request Form |
|  | Reviewed Personalised Plan(s), including attainment |
|  | Current Personalised Plan, including current attainment |
|  | Relevant Best Practice Guidance (BPG) Audit Tool(s) including Specialised/Individualised\*or see below\*Sensory Service Record of Visit (for children with HI/VI instead of BPG)\*P \*Portage Profile (for children not yet attending a PVI/Maintained Setting instead of BPG) |

\* Specialist O&A Nursery Request Form – use this form to request a 2 term (approximately 12-week) assessment placement within a specialist nursery. After 12 weeks a review at the MAP Meeting will take place to discuss whether:

* the observation period is extended,
* statutory assessment is initiated, and the observation period is extended,
* statutory assessment is initiated and the following 3rd term (approximately 6 weeks) is used to put transition arrangements in place to reintegrate the child into a PVI/Maintained pre-school Setting
* statutory assessment is not initiated and the following 3rd term is used to make transition arrangements in place to reintegrate the child into a PVI/Maintained pre-school Setting