**Early Years and Childcare Service**

Childminding Special Educational Needs and Disability Support Request Form

**Childminders requesting SEND Support please fill in Sections 1 and 2.**

**Advisers and multi/agency colleagues requesting SEND Support for a childminder please fill in sections 1 and 3.**

**Section 1** *(to be filled in by all)*

|  |  |
| --- | --- |
| **Date** |  |
| **Name of Childminder (as per Ofsted Certificate)** |  |
| **Ofsted URN** |  |
| **Contact Telephone no.** |  |
| **Email Address**  |  |
| **Full Address, including postcode, of your setting** |  |
| **Preferred Day(s) and Time(s) for visit** |  |

**Section 2** *(to be filled in by Childminder only)*

|  |  |
| --- | --- |
| **Setting Visit***Please highlight the focus for the visit from the below* | **Please provide a brief summary of support required** |
| Support to review setting in line with Kent’s Best Practice Guidance |  |
| Support with completion of Early Years referral paperwork (including the use of the Best Practice Guidance). Please note this is general support on the completion and type of evidence needed.  |  |

**Section 3** *(to be filled in by Multi-Agency colleagues only)*

|  |  |
| --- | --- |
| **Multi-Agency Colleague Request** | **Name of Professional and Team***e.g. Improvement and Standards/Sufficiency and Sustainability/Specialist Teacher/Virtual School Kent* |
| **Please provide a brief summary of support required in the box below** |
|  |

**Please email completed form to:** **childminding@theeducationpeople.org**

|  |
| --- |
| **Office use only:****Ofsted grade and relevant SEND actions/recommendations: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………** |