**Early Years and Childcare Equality and Inclusion Team**

Special Educational Needs and Disability Support Request Form

**Settings requesting E&I Support please fill in Sections 1 and 2.**

**Multi-agency colleagues requesting E&I Support please fill in sections 1 and 3.**

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

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

**Section 2** *(to be filled in by Early Years Settings only)*

|  |  |
| --- | --- |
| **Setting Visit**  *Please highlight the focus for the visit from the below* | **Please provide a brief summary of support required** |
| SEND Equality and Inclusion Adviser Support Visit/Pre-Early Years Local Inclusion Forum Team (EY LIFT) Visit  **(please do not name individual children)** |  |
| Support with completion of Early Years referral paperwork (including the use of the Best Practice Guidance) |  |
| Post-LIFT (including modelling of strategies agreed at LIFT) |  |
| New Special Educational Needs Coordinator (SENCo) Visit |  |

**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** | |
| *e.g. New Registration visit/support with Requires Improvement (RI) or Inadequate actions/support for implementing multi-agency strategies/support to meet the needs of Children in Care (CiC)* | |

**Please email completed form to:** [**EYinclusion@theeducationpeople.org**](mailto:EYinclusion@theeducationpeople.org)