

**Health notification of a child who has or may have special educational needs
(Children and Families Act 2014 Chapter 6 Part 3 Section 23)
Revised: September 2024**

The purpose of this Health Notification Summary document is to inform the Local Authority of a preschool child with, or who is likely to have, special educational needs and/or a disability (SEND). Please send securely to EYSENDPanel@hounslow.gov.uk (For Hounslow residents only).

Child Information

| | | | |
|----------------------|-------------------|------------|-----------------------|
| SURNAME | <Last Name> | First name | <First Name> |
| Date of birth | <dd mmm yyyy> | Gender | <Gender> |
| Address | <Patient Address> | | |
| NHS number | <NHS Number> | GP | <GP Practice Surgery> |
| Age seen (in months) | <Patient Age> | CCG | <CCG> |

Area(s) of need (please highlight relevant statements) – *Glossary available below*

| | | | | | | |
|-----------------------------------|------|-----|------|------|-----|------|
| Communication and Interaction: | ASD | SCD | SLCN | | | |
| Cognition and Learning | DD | LD | MLD | PMLD | SLD | SPLD |
| Social, Emotional & Mental Health | BESD | E | EBD | SEMH | | |
| Sensory and/or Physical | HI | MED | MSI | PD | VI | |

| | |
|-------------------------------------|--|
| Diagnosis and/or medical conditions | |
| Medical report attached | |

Parent/Carer Information

| | | | |
|-------------|---------------------------|-----------------------|---------------------------|
| Parent name | <Mother> | Relationship to child | Mother |
| Parent name | <Father> | Relationship to child | Father |
| Email | <Patient Contact Details> | Preferred Telephone | <Patient Contact Details> |

Details of Health Professional sending notification

| | | | |
|--------------|-------------|-----------|--|
| Name | <S1 Log In> | | |
| Title / Role | | | |
| Email | @nhs.net | Telephone | |

Agency involvement (please highlight appropriate option/s)

| | | | |
|---|-------------|-----|-------------|
| Is the child known to any targeted / specialist services? | Yes | No | |
| Is the child known known to social care? | Yes | No | |
| Is this child LAC / fostered / adopted? | Yes | No | |
| Is the child in an education setting? | Childminder | PVI | M/S Nursery |
| Name of early years provider (if applicable) | | | |

Service(s) you would like child to be considered for (please highlight)

Monitor access to services – checking universal, targeted and/or specialist services that child could access depending on age and level of need
Children’s Centre (request for referral to targeted service)
Portage Home Visiting Team (request for referral to specialist service) – Only for children not in pre-school/nursery provision.
Portage Social Communication Matters Parent Course
Deaf and Hearing Support - Sensory and Physical SEN Team (request for referral to specialist service)

Vision Impairment Support - Sensory and Physical SEN Team (request for referral to specialist service)

| | | |
|--|------|---------------|
| The Parent/Carer is aware of this notification and understands that this information will be stored and used for the purpose of planning appropriate support and services to meet the individual needs of their child via Early Years SEND Panel | Date | <Todays date> |
| The Parent/Carer has been given a copy of the Health Notification Information Sheet | Date | <Todays date> |
| The Parent/Carer is happy to be contacted by the Local Authority in relation to their child's needs | Date | <Todays date> |

Glossary

| | | |
|--|--|---|
| Communication and Interaction | ASD SCD SLCN | Autistic Spectrum Disorder Social Communication Difficulties Speech Language and Communication Needs |
| Cognition and Learning | DD LD MLD PMLD SLD SPLD | Developmental Delay Learning Difficulties Moderate Learning Difficulties Profound and Multiple Learning Difficulties Severe Learning Difficulties Specific Learning Difficulties |
| Social, Emotional and Mental Health | BESD E EBD SEMH | Behaviour Emotional and Social Difficulties Emotionally Vulnerable Emotional and Behavioural Difficulties Social Emotional and Mental Health |
| Sensory and/or Physical | HI MED MSI PD VI | Hearing Impairment Complex Medical Multi-Sensory Impairment Physical Difficulties Visual Impairment |