

**Hounslow Early Years SEND Panel
Referral Form
Revised: September 2024**

This form should be completed if you are a parent, early years practitioner, early years setting or professional that has concerns about a child under the age of five in Hounslow who appears to be presenting with significant SEND / complex needs.

The purpose of the Early Years SEND Panel will be to consider the needs of the child referenced in this referral form and identify appropriate support, resources and/or provision available to the child and family depending on child's age and level of need.

Professionals making a referral to the Early Years SEND Panel must ensure parent/carer has given informed consent and understands that they may be contacted by a professional representing the Local Authority.

All sections of the referral form should be completed. Please type form.

Child Information	
First name(s)	
SURNAME (in uppercase)	
Date of birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	
Postcode	
Borough of residency	

Parent/Carer Information	
First name(s)	
SURNAME (in uppercase)	
Email	
Telephone	

Information on Referrer	
Name	
Role	
Email	
Telephone	

Reason for Referral to Early Years SEND Panel (please tick all relevant boxes)	
Check on universal services that the child / family may be able to access	<input type="checkbox"/>

Check on targeted services that the child / family may be able to access	<input type="checkbox"/>
Check on specialist services that the child / family may be able to access	<input type="checkbox"/>
Request for referral to Targeted Service: Children's Centre	<input type="checkbox"/>
Request for referral to Specialist Service: Portage Home Visiting Service (Only for children not in a pre-school setting)	<input type="checkbox"/>
Request for referral to Specialist Service: Portage Social Communication Matters Parent Course	<input type="checkbox"/>
Request for referral to Specialist Service: Sensory and Physical Specialist Service Deaf and Hearing Support	<input type="checkbox"/>
Request for referral to Specialist Service: Sensory and Physical Specialist Service Visual Impairment Support	<input type="checkbox"/>

Current Placement Information (if applicable)

Name of current provision	
Start date at provision	

SEN and Disability (SEND) Information

Primary area of concern (please tick/check only **one** box):

Developmental Delay (DD)	<input type="checkbox"/>	Personal, Social and Emotional Difficulties (PSED)	<input type="checkbox"/>
Hearing Impairment (HI)	<input type="checkbox"/>	Speech Language & Communication (SLCN)	<input type="checkbox"/>
Visual Impairment (VI)	<input type="checkbox"/>	Social Communication Difficulties (SCD)	<input type="checkbox"/>
Physical Need / Disability (PN/PD)	<input type="checkbox"/>	Autistic Spectrum Disorder (ASD)	<input type="checkbox"/>
Profound & Multiple Learning Difficulties (PMLD)	<input type="checkbox"/>	Other	<input type="checkbox"/>

If 'Other', please specify

Additional information (a brief outline of child's needs stating any diagnosis, disability, medical condition and/or areas of need that have been identified by outside professionals)

Is child in receipt of Disability Living Allowance (DLA)? Yes No

If child not attending an early years setting - Assessment Information (please refer to any reports/assessments)

Assessment tool used / criteria applied	
State age of child in months at point of assessment	

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If child currently attending an early setting - Assessment Information (Using Birth to 5 Matters non-statutory guidance for the EYFS [2021] provide current assessment information)

State age of child in months at point of assessment

Personal, Social and Emotional Development	Range						Emerging	Developing	Secure
	1	2	3	4	5	6			
	0 - 12 months	12 - 18 months	18 - 24 months	24 - 36 months	36 - 48 months	48 - 60 months			
Making relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication and Language	Range						Emerging	Developing	Secure
	1	2	3	4	5	6			
	0 - 12 months	12 - 18 months	18 - 24 months	24 - 36 months	36 - 48 months	48 - 60 months			
Listening and attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Development	Range						Emerging	Developing	Secure
	1	2	3	4	5	6			
	0 - 12 months	12 - 18 months	18 - 24 months	24 - 36 months	36 - 48 months	48 - 60 months			
Moving and handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide a brief description of the child's needs under each statement:

Communication and interaction

Listening and attention:

Understanding:

Expressive communication/speaking:

Social interaction:

Cognition and learning

Play skills and imagination:

Social, emotional and mental health difficulties

Separation/settling:

Making relationships:

Managing feelings & behaviours (self-regulation):

Managing changes/transitions:

Sensory and/or physical needs

Gross motor skills:

Fine motor skills:

Sensory:

Hygiene and personal needs

Feeding:

Toileting:

Any additional information that is not included above that you feel is needed to support this request

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Services / Professionals currently involved with child / family

Health Professional	Known to		Date of last assessment	Copy of report available	
	Yes	No		Yes	No
Health Visitor 2 Year Health Check	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Speech and Language Therapist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Child Development Team	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify) _____

Education Professional	Known to		Date of last assessment	Copy of report available	
	Yes	No		Yes	No
Children's Centre Practitioner	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Educational Psychologist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Portage Home Visiting Team	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
SEN Specialist Team (Hearing Impairment)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
SEN Specialist Team (Visual Impairment)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify) _____

Social Care Professional	Known to	
	Yes	No
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>

View/Comments of Parent/Carer

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	Yes	No
Has the Parent/Carer been given the Early Years SEND Panel information sheet?	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Carer Declaration

I confirm that the purpose of this referral and the content of the form has been discussed/shared with me and I understand that the information provided in this form will be discussed with professionals for the purpose of considering services and resources that are available to my child.

I am aware that it will be held by Hounslow and may be used by the Council and other partner agencies.

I confirm that I am aware that my personal data and that of my child will be processed in accordance with UK data protection legislation on the basis of public duty to comply with legislation such as the Children and Families Act 2014. I have been made aware of the Early Years SEND Privacy Notice which is available on the Hounslow Local Offer.

Name of Parent/Carer:

Signature*:

Date:

Returning by email

Return form to EYSENDPanel@hounslow.gov.uk

Please ensure that form is in pdf format and sent password protected.

Note, do not send documents via Egress as we cannot access this system.

Returning by post

Post to:

Early Years SEN Team

Referral to Early Years SEND Panel

Hounslow House

7 Bath Road

Hounslow

TW3 3EB

Ensure you leave adequate time for the form to arrive and have covered full postage costs (7 working days)

Note*

Please ensure that this form is signed by the parent/carers as the request will not be considered without this.