KMBC Early Years

REQUEST FO R ADVISORY TEACHER INVOLVEMENT IN NURSERY SETTINGS

Please tab through the sections below to complete

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| Child Information | | | |
| Full Name of Child: Click or tap here to enter Name | | D.o.B.: Click or tap to enter a date | |
| Home Language:  Enter Home language here | Ethnicity:  Enter Ethnicity Here | | Age:  Choose an age. |
| Name of Parents/Carers:  Enter Parent/Carers Names Here. | | Permission for referral:  Choose an Option. | |
| What stage of the code of practice is the child currently at? Please select from this drop down box | | | |
| Does the child have a Play Plan? Choose an Option.  If so, what are their most recent play plan targets?  Click or tap here to enter text. | | | |
| Does the child have any current medical conditions or diagnosis? Choose an Option.  If so, please list.  Click or tap here to enter text. | | | |

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| Setting Details | |
| Current School/Setting:  Click or tap here to enter text. | Date of Entry:  Click or tap to enter a date |
| Contact Email Address:  Click or tap here to enter text. | Name of Referrer:  Click or tap here to enter text. |
| Previous Settings:  Click or tap here to enter text. | |

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| Advisory Teacher Involvement: |
| What Outcomes do you hope will be achieved as a result of Advisory Teacher Involvement? |
| Outcome 1:  Click or tap here to enter text.  What Strategies do you already have in place in relation to this?  Click or tap here to enter text. |
| Outcome 2:  Click or tap here to enter text.  What Strategies do you already have in place in relation to this?  Click or tap here to enter text. |
| Outcome 3:  Click or tap here to enter text.  What Strategies do you already have in place in relation to this?  Click or tap here to enter text. |
| Does the child have a Sensory Diet or are you completing the Seedlings programme?  Click or tap here to enter text. |
| How does the child communicate? *e.g. single words, vocalisations, gestures, PECS, Makaton, communication board.*  Click or tap here to enter text.  How do you communicate with the child? *e.g. visuals, objects of reference, single words, gesture, simple sentences*  Click or tap here to enter text. |

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| Other Agencies Involved | | |
| Specialist | Date Involved | Name of Professional |
| Previous Advisory Teaching Service Involvement | Click or tap to enter a date | Click or tap here to enter Name |
| Educational Psychology Service | Click or tap to enter a date | Click or tap here to enter Name |
| Early Years/ Portage | Click or tap to enter a date | Click or tap here to enter Name |
| Health Visitor | Click or tap to enter a date | Click or tap here to enter Name |
| GP/Paediatrician | Click or tap to enter a date | Click or tap here to enter Name |
| Occupational Therapist | Click or tap to enter a date | Click or tap here to enter Name |
| Speech &Language Therapy Service | Click or tap to enter a date | Click or tap here to enter Name |
| Social Care | Click or tap to enter a date | Click or tap here to enter Name |
| Early Help Team | Click or tap to enter a date | Click or tap here to enter Name |
| Other (including Team around the family). | Click or tap to enter a date | Click or tap here to enter Name |

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| Checklist to Support Request: NB sections marked with \* are mandatory.  Please do not send this documentation until requested however please ensure these are available if requested | |
| Checklist | Tick |
| \*Completed **ALL** of the details on page 1 |  |
| \*At least two play plans including reviews |  |
| \*Up to date assessment data against the Early Years Outcomes |  |
| Relevant supporting data such as ABC charts to log challenging behaviour. |  |
| Reports from other involved agencies. |  |
| \*For non-verbal children or those with a significant language delay, details of what visual support is in place i.e. objects of reference, photographs, symbols and evidence that these are embedded into daily routine through observations. |  |

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| Any Additional Comments: |
| Click or tap here to enter text – This field will expand as you type |