Solihull EYTAC (early years team around the child)

Referral form

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| This Microsoft *Word* version of the form is for reference. Please make referrals using our [online form](https://forms.office.com/pages/responsepage.aspx?id=rgObbdmfb06EmZuschoIFNgUlljkesFEg3MTfa3V4GJURjQwWVJZSEZUQTQ2NlJGRUFVRzVHQ1pKVS4u&route=shorturl). There is [more information](https://www.solihull.gov.uk/Children-and-family-support/localoffer/EY-TAC-panel-referral) about EYTAC available. |

**By completing this form, the referrer is confirming that the parent/carer has agreed to all the statements below. The referrer is accountable for the parent/carer agreement to store information and pass information on to referred services.**

## Parent/carer agreement

Any information that you provide will be used by local authority/health services to help us tailor services for your child. Your information will be treated as confidential and stored in a secure way. It will only be shared with other council services and partner organisations to ensure our records are kept accurate. The staff from the team working with your child will report on assessment and/or intervention findings and discuss with you and a setting, the action and support which will need to be followed.

| Item | Information |
| --- | --- |
| I confirm I understand why you want my information and I have had the opportunity to consider this. (1)  | Choose an item. |
| I agree that the information will be shared with other professionals who are already involved with my child, or other agencies that may become involved in the course of any support offered to my child. This will be done in accordance with Solihull’s MBC information sharing protocols. This will only be information that is relevant and necessary and will only be shared with people who need that information at that time. (2) | Choose an item. |
| I understand I can opt out and withdraw my agreement at any time by contacting the early years team on 0121 704 6150 or by email to eyenquiries@solihull.gov.uk. (3) | Choose an item. |
| I give agreement for you to record and hold my information for the purposes explained to me. (4) | Choose an item. |
| **I confirm that everyone who qualifies as a ‘parent’ under education law is aware of this application and agrees with the content.** (5) | Choose an item. |
| Name of parent or carer (for agreement) (6) | Click or tap here to enter text. |
| Email address of parent or carer (for agreement) (7) | Click or tap here to enter text. |
| Date of agreement (8) | Click or tap to enter a date. |

We may also need to share your information for the prevention and detection of fraud and/or other crimes or as the law requires. For further information about how we use your information please refer to the Council’s privacy statement on [www.solihull.gov.uk](http://www.solihull.gov.uk) or contact eyenquiries@solihull.gov.uk.

Your records will be kept for 25 years for audit purposes and in the event we need to provide information about the service you have received.

## About the child

| Item | Information |
| --- | --- |
| Child's first (given) name (9a)  | Click or tap here to enter text. |
| Child's last (family) name (9b) | Click or tap here to enter text. |
| Child's date of birth (10) | Click or tap to enter a date. |
| Child's sex (11) | Choose an item. |
| Child's address (12) | Click or tap here to enter text. |
| Child's postcode (13) | Click or tap here to enter text. |
| Social care involvement and/or potential safeguarding issues (14) | Choose an item. |

## About the child's parent/carer 1

| Item | Information |
| --- | --- |
| Name (15)  | Click or tap here to enter text. |
| Relationship to child (16) | Click or tap here to enter text. |
| Does this parent/carer live at the same address as the child? (17) | Choose an item. |
| Address (18) | Click or tap here to enter text. |
| Postcode (19) | Click or tap here to enter text. |
| Telephone number (landline) (20) | Click or tap here to enter text. |
| Telephone number (mobile) (21) | Click or tap here to enter text. |
| Email address (22) | Click or tap here to enter text. |

## About the child's parent/carer 2

| Item | Information |
| --- | --- |
| Name (24)  | Click or tap here to enter text. |
| Relationship to child (25) | Click or tap here to enter text. |
| Does this parent/carer live at the same address as the child? (26) | Choose an item. |
| Address (27) | Click or tap here to enter text. |
| Postcode (28) | Click or tap here to enter text. |
| Telephone number (landline) (29) | Click or tap here to enter text. |
| Telephone number (mobile) (30)  | Click or tap here to enter text. |
| Email address (31)  | Click or tap here to enter text. |

## About the child's family

| Item | Information |
| --- | --- |
| How many children are there in the family? (32)  | Click or tap here to enter text. |
| What is the child's position in the family? (33) | Click or tap here to enter text. |
| Family context (34) | Click or tap here to enter text. |

## About the child's GP (general practitioner/doctor)

| Item | Information |
| --- | --- |
| Name of GP/surgery (35)  | Click or tap here to enter text. |
| Address of GP/surgery (36) | Click or tap here to enter text. |
| Postcode of GP/surgery (37)  | Click or tap here to enter text. |
| NHS number (38)  | Click or tap here to enter text. |

## About the child's early years setting

| Item | Information |
| --- | --- |
| Is the child attending an early years setting? (39) | Choose an item. |
| Name of setting/school (40) | Click or tap here to enter text. |
| Name of SENCO (41) | Click or tap here to enter text. |
| Number of hours/week the child attends the setting (42) | Click or tap here to enter text. |

## About any additional information you have to share

| Item | Information |
| --- | --- |
| Does the child have a diagnosis? (43) | Choose an item. |
| Does the child have any other medical needs? (44) | Choose an item. |
| Please give us more details about any diagnosis and medical needs (45) | Click or tap here to enter text. |
| Are there any concerns with vision? (46) | Choose an item. |
| Has a referral been made ophthalmology (47) | Choose an item. |
| Are there any concerns with hearing? (48) | Choose an item. |
| Has a referral been made to audiology/ENT (49) | Choose an item. |
| Did the child pass their newborn hearing screening? (50) | Choose an item. |

## About you and your referral

| Item | Information |
| --- | --- |
| Your name (51) | Click or tap here to enter text. |
| Your organisation (52) | Click or tap here to enter text. |
| Your job title (53) | Click or tap here to enter text. |
| Your contact email address (54) | Click or tap here to enter text. |
| Your telephone number (55) | Click or tap here to enter text. |
| The date you submitted this referral (56) | Click or tap to enter a date. |

## About the services you are requesting

| Item | Information |
| --- | --- |
| Are you requesting support from health teams (Children’s speech and language therapy) (57) | Choose an item. |
| Are you requesting support from education teams (SISS Sensory Physical Impairment or Early Years teams) (58) | Choose an item. |
| From which education team do you want support? (59)Please choose the **Early Years Home Support Service (the Early Years Team)**for children with three or more areas of significant difficulty who do not attend a group setting. (See https://www.solihull.gov.uk/Children-and-family-support/localoffer/Early-Years-Team)Please choose the **Sensory and Physical Impairment Team (Specialist Inclusion Support Service)**and possible Complex Needs Team\* referral on if needed. (https://www.solihull.gov.uk/children-and-family-support/localoffer/Sensory-and-physical-impairment-team). * Multi-sensory impairment
* Visual impairment
* Hearing impairment
* Physical disabilities

*\*The Solihull Complex Needs Team may be referred to through SISS: SPI where intervention from multiple services are required* | Choose an item. |

## About other professionals who are involved with the child - health visitor

| Item | Information |
| --- | --- |
| Does the child have a health visitor? (60) | Choose an item. |
| Name (61) | Click or tap here to enter text. |
| Telephone number (62) | Click or tap here to enter text. |
| Email address (63) | Click or tap here to enter text. |
| Work base (64) | Click or tap here to enter text. |

## About other professionals who are involved with the child - paediatrician

| Item | Information |
| --- | --- |
| Does the child have a paediatrician? (65) | Choose an item. |
| Name (66) | Click or tap here to enter text. |
| Telephone number (67) | Click or tap here to enter text. |
| Email address (68) | Click or tap here to enter text. |
| Work base (69) | Click or tap here to enter text. |

## About other professionals who are involved with the child - speech and language therapist

| Item | Information |
| --- | --- |
| Does the child have a speech and language therapist? Or are they on a waiting list for a speech and language therapist? (70) | Choose an item. |
| How long have they been on the waiting list? (71) | Click or tap here to enter text. |
| Name (72) | Click or tap here to enter text. |
| Telephone number (73) | Click or tap here to enter text. |
| Email address (74) | Click or tap here to enter text. |
| Work base (75) | Click or tap here to enter text. |

# About other professionals who are involved with the child - physiotherapist

| Item | Information |
| --- | --- |
| Does the child have a physiotherapist? (76) | Choose an item. |
| Name (77) | Click or tap here to enter text. |
| Telephone number (78) | Click or tap here to enter text. |
| Email address (79) | Click or tap here to enter text. |
| Work base (80) | Click or tap here to enter text. |

## About other professionals who are involved with the child - occupational therapist

| Item | Information |
| --- | --- |
| Does the child have an occupational therapist? (81) | Choose an item. |
| Name (82) | Click or tap here to enter text. |
| Telephone number (83) | Click or tap here to enter text. |
| Email address (84) | Click or tap here to enter text. |
| Work base (85) | Click or tap here to enter text. |

## About other professionals who are involved with the child - educational psychologist

| Item | Information |
| --- | --- |
| Does the child have an educational psychologist? (86) | Choose an item. |
| Name (87) | Click or tap here to enter text. |
| Telephone number (88) | Click or tap here to enter text. |
| Email address (89) | Click or tap here to enter text. |
| Work base (90) | Click or tap here to enter text. |

## About other professionals who are involved with the child - social worker

| Item | Information |
| --- | --- |
| Does the child have a social worker? (91) | Choose an item. |
| Name (92) | Click or tap here to enter text. |
| Telephone number (93) | Click or tap here to enter text. |
| Email address (94) | Click or tap here to enter text. |
| Work base (95) | Click or tap here to enter text. |
| Does the local authority hold/jointly hold parental responsibility (96) | Choose an item. |

## About other professionals who are involved with the child - hospital specialist

| Item | Information |
| --- | --- |
| Does the child have a hospital specialist? (97) | Choose an item. |
| Name (98) | Click or tap here to enter text. |
| Specialism (99) | Click or tap here to enter text. |
| Telephone number (100) | Click or tap here to enter text. |
| Email address (101) | Click or tap here to enter text. |
| Work base (102) | Click or tap here to enter text. |

## About other professionals who are involved with the child - other professionals

| Item | Information |
| --- | --- |
| Does the child have any other professionals supporting them? (103) | Choose an item. |
| Name (104) | Click or tap here to enter text. |
| Role (105) | Click or tap here to enter text. |
| Telephone number (106) | Click or tap here to enter text. |
| Email address (107) | Click or tap here to enter text. |
| Work base (108) | Click or tap here to enter text. |

## About your observations and discussions with the child's parents

| Item | Information |
| --- | --- |
| Personal, social, and emotional - relationships with adults and children, manging emotions, sense of self and confidence to persist and wait and direct attention... (109)  | Click or tap here to enter text. |
| Play - enjoy different experiences, pretend, choices in play, engagement and play agenda, who they like to play with and with what toys/resources/stuff... (110) | Click or tap here to enter text. |
| Communication and language - ways to communicate [behaviours], spoken language, sounds, interactions, understanding, vocabulary, purposes for communicating (verbal and non verbal) and tell us about the language they are exposed to and whether this is in home language/English... (111) | Click or tap here to enter text. |
| Physical development - gross and fine motor skills, physical choices, can they use play toys and daily equipment (spoon, ball, brush, etc) (112) | Click or tap here to enter text. |
| Sensory development - sound, texture, smell, environmental, likes and dislikes, what to you see they notice and how do they respond? How do parent(s) support this? (113) | Click or tap here to enter text. |
| Are there any concerns with vision or hearing? (114) | Choose an item. |
| Please give more detail (115) | Click or tap here to enter text. |
| Independence - how do they manage their self-, show you what they want to do or can do on their own?, age appropriate eating, drinking, managing personal needs such as self-care? (116) | Click or tap here to enter text. |

## Child development summaries (1)

| Item | Information | Item | Information |
| --- | --- | --- | --- |
| Communications (score) (117) | Choose an item. | Communications (threshold level) (118) | Choose an item. |
| Gross motor (score) (119) | Choose an item. | Gross motor (threshold level) (120) | Choose an item. |
| Fine motor (score) (121) | Choose an item. | Fine motor (threshold level) (122) | Choose an item. |
| Problem solving (score) (123) | Choose an item. | Problem solving (threshold level) (124) | Choose an item. |
| Personal and social (score) (125) | Choose an item. | Personal and social (threshold level) (126) | Choose an item. |
| Social and emotional (score) (127) | Choose an item. | Social and emotional (cut-off score ) (128) | Click or tap here to enter text. |

## Child development summaries (2)

| Item | Information |
| --- | --- |
| What was the child's chronological age at ASQ completion? (129)  | Click or tap here to enter text. |
| *Child development levels - personal, social and emotional* (130) | Choose an item. |
| *Child development levels - communication and language* (130) | Choose an item. |
| *Child development levels - physical development* (130) | Choose an item. |
| *Child development levels - play* (130) | Choose an item. |
| *Child development levels - independence* (130) | Choose an item. |
| Is there any contextual information relating to child development levels you want to add? (131) | Choose an item. |

## Confirmation

| Item | Information |
| --- | --- |
| Please confirm that:you have parental agreement to make the referral and pass the child's information to usyou wish us to process the information and start a referral process for the child | Choose an item. |