



Support Team

Request for PD Outreach Support Team Involvement Early Years Support

Currently attends:

Child's Details:		Setting Details:	
Surname		Name	
Forename(s)		Manager/ Head	
Date of Birth		Email	
Gender		SENCo name	
Names of parents/carers		Address	
Address			
Tel No.		Tel No.	

School: Please specify:

Child Development Centre Group: Please specify:

Early Years Childcare Provision: Please specify:

Other: Please specify:

What is the nature of the child's physical/motor difficulties? E.g. Cerebral Palsy, Spina Bifida
Are there other difficulties? E.g. global delay, learning and communication needs:

On entry to an Early Years setting/school consideration needs to be given to:

- | | |
|--------------------|-------------------------|
| Mobility/Access | Crawls |
| Gross Motor Skills | Perceptual Skills |
| Self Help Skills | Supported walking frame |
| Buggy/wheelchair | Fine Motor Skills |
| Other | |



Support Team

SEATING

Seating

Sits unaided

Specialised seating

Sits with support

If specialised seating please specify:

SPECIALIST CHAIRS MUST BE ASSESSED BY PHYSIO/OT

TOILETING

Is the child in nappies?	Yes	No
Does child follow toilet routines?	Yes	No
Is the child toilet trained?	Yes	No
Is there a need for changing facilities?	Yes	No

Please specify needs, including all relevant medical information:

Other professionals involved:	Name	Contact no.
Physiotherapist		
Occupational Therapist		
Speech and Language Therapist		
Early Years Inclusion Team		
Portage		
Other support agencies		

Is the pupil looked after? Yes No

As Parent/Carer I give permission for this request for support and for information to be shared amongst relevant professionals.

Name (Parent/Carer): _____

Signature (Parent/Carer): _____