**REQUEST FOR INVOLVEMENT**

**Child’s details:**

|  |  |  |
| --- | --- | --- |
| Child’s Name: Date of Birth: Born before 28 weeks? Y / N | | |
| Gender: | | |
| Home Language: | | |
| Position in the family e.g. 1st of 3 children: | CAF? Y / N  URN: | CLA? Y / N |
| Parent/Carer Name:  Email address:  Parental Responsibility? Yes / No | | |
| Child's Home address:  Telephone number: | | |
| Parent/ Carer address if different from above:  Email address if different from above:  Parental responsibility? Yes / No | | |

**Setting details:**

|  |  |
| --- | --- |
| Name and address of setting:  Telephone number:  Email address: | Name of Manager/Head of Setting:  Manager/HoS Email:  Name of SENCO:  SENCO Email: |
| Date the child started the setting: | Sessions the child attends: |
| Date eligible for school entry: | Preferred school (if known): |

**Child's strengths, needs and identified outcomes:**

|  |
| --- |
| Areas of strength and child's interests: |
| Area of developmental need: |
| Outcomes identified for the child: (outcomes should be SMART and set for a period of 6-12months) |

**Setting's interventions & impact:**

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| --- |
| Describe the additional provision you have put in place to support the child:  (include catch up interventions, reasonable adjustments and SEN Support provision) |
| Describe the difference this additional provision is making for the child:  (what's working? What's not working?) |

**Parent's/carers views:**

|  |
| --- |
| Parent's/carer's views: |

**PARENT CARER CONSENT**

I/we confirm that I/we have parental responsibility for the child named above.

I/we give permission for the involvement of practitioners within the Specialist Teaching Service and understand that this involvement could include direct work with my/our child and/or discussion with other adults who teach and care for my/our child as well as other professionals e.g. health visitors, therapists, paediatricians, social workers etc.

I/we understand that information relating to my/our child, in accordance with the above, will be retained on the Inclusion Service 'Early Help Module' (LCC's secure data storage system). Please see the following website for further information regarding how we store and use data:

<https://www.lancashire.gov.uk/council/transparency/access-to-information/service-and-project-specific-privacy-notices/lancashire-inclusion-service-send>

|  |
| --- |
| Parent/Carer signature: Date:  Relationships to child: |

**For more information** about the **'Request for Involvement'** process and the **role of the Specialist Teacher** in early years, please see <https://www.lancashire.gov.uk/send-specialist-teaching-service/packages-of-support/early-years/>

|  |
| --- |
| Head of Setting's/SENCO's signature: Date:  Head of Setting's/SENCO's signature: |

**In order for this Request for Involvement to be considered, please ensure that this request form is fully completed and the following additional information is attached.**

|  |  |
| --- | --- |
| **Additional Information:** | √ |
| **Essential:** **Up-to-date Developmental Tracker/detailed EYFS tracking information** |  |
| **Essential:** **Targeted Learning Plan with previous TLP which has been reviewed** |  |
| **Essential: Other Professionals Involved sheet** |  |
| **If available:** Current individual provision map  Other specialist report/s e.g. Paediatrician, Speech and Language therapist |  |
|  |

**Incomplete forms and/or forms without the required additional information, may lead to delays or forms being returned.**

**Please return by post or secure email to:**

|  |  |
| --- | --- |
| **Central postal address:** | **Area email:** |
| **Inclusion Service**  **Lancashire County Council**  **County Hall**  **Preston**  **PR1 0LD** | **East Lancashire:** (Hyndburn, Ribble Valley, Rossendale, Burnley, Pendle)  [Inclusion.East@lancashire.gov.uk](mailto:Inclusion.East@lancashire.gov.uk)  **North Lancashire:** (Lancaster, Wyre & Fylde)  [Inclusion.North@lancashire.gov.uk](mailto:Inclusion.North@lancashire.gov.uk)  **South Lancashire:** (Chorley, Preston, South Ribble, West Lancs.)  [Inclusion.South@lancashire.gov.uk](mailto:Inclusion.South@lancashire.gov.uk) |

**CATEGORIES OF ETHNICITY**

Please tick the box below that best describes your child’s ethnic background

|  |  |  |  |
| --- | --- | --- | --- |
| **I do not want an ethnic background category to be recorded** | | |  |
|  | | | |
| **White** | | **Mixed** | |
| British |  | White and Black Caribbean |  |
| Irish |  | White and Black African |  |
| Traveller of Irish heritage |  | White and Asian |  |
| Gypsy/Roma |  | Any other Mixed background |  |
| Any other white background |  | **Asian or Asian British** | |
| **Black or Black British** | | Indian |  |
| African |  | Pakistani |  |
| Caribbean |  | Bangladeshi |  |
| Any other Black background |  | Any other Asian background |  |
| **Chinese** |  | **Any other ethnic background** |  |
|  |  | Please specify: | |