# Start Well Service: Referral to the Early Years Single Point of Access

# (Private Voluntary and Independent PVI and Childminders only)

## Setting Information

Setting name:

Setting personnel:

Special Educational Needs and Disabilities Coordinator (SENCO) Name:

Contact Email:

Contact Telephone:

## Child Information

Child’s Name:

Child’s Date of Birth:

Child’s Gender:

Days child attends:

Total hours attended per week:

Date the child started at the setting:

## Funding Information

Does the child receive early education funding?

Yes No

If yes, state below which funding e.g., 3-year-old funding:

Does the child receive Early Years Inclusion Funding?

Yes No

State which level e.g., level 1, 2, 3, 4:

## Checklist of required documentation for referral:

Referral Information Sheet signed by parent, carer or guardian **and** the setting.

Yes No

Recent Early Help Assessments or review forms dated within the last 3 months.

Yes No

I give consent to the following agencies by listing them in the ‘Information Sharing Box’ of the Early Help form or Early Help Review for:

* The Educational Psychology Service
* Woodbridge SEND Service (formerly known as Ladywood Outreach)
* Single Point of Access panel
* Start Well SEND

Yes No

Evidence of Graduated Approach having been implemented and actions taken to support the child in your setting (Assess, Plan, Do, Review process) e.g., Individual Education Plans (IEPs), play plans, provision maps etc for at least 2 cycles.

Yes No

A completed Ratings of Concern Scale.

Yes No

Any external agency reports that are relevant to the referral.

Yes No

**This documentation must be included in your referral.**

## Setting Declaration:

I understand this information provided by the setting will form part of discussion between services and relevant personnel working within the ‘Single point of Access’.

I agree to share all correspondences from SPOA with the child’s parents, carers or guardian.

Signed (on behalf of the setting): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Parent, Carer or Guardian Declaration:

I consent to the referral to the Early Years Single Point of Access for my child. I understand my child’s information will be shared with relevant personnel within these services. I give permission for the provider to share reports and my child’s information with professionals to support the referral decision.

Signed (parent, carer or guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send referrals through to EYSENDSPOApanel@bolton.gov.uk