

# Early Years Local Inclusion Forum Team Request Form



Name of Child		DoB	
Child's Address:		Parents/Carers Tel No:	
Early Years Setting & URN			Child in Care: Y/N
Sessions Attended & Timings		Primary School start date	
Is the child in receipt of Pupil Premium?	Y/N	Is the child accessing the Free for Two entitlement?	Y/N

What are the identified needs of the child?				
Have you contacted your Equality & Inclusion Advisor for general advice and strategies?  What was the outcome?				
Which agencies or professionals have already been accessed? (Please ring or highlight)	Social Care	Paediatrician	Educational Psychologist	
	Physiotherapist	Speech Therapist	Occupational Therapist	
	Early Help	Portage	Early Support	
	Health Visitor	Children's Centre	Other	
What progress has been made in the prime areas of the EYFS over the past year? (Record specific information from data you hold including EYFS levels to show progress e.g. Kent Progress Tracker)		Communication & Language Development	Personal, Social & Emotional Development	Physical Development
	2015 - 2016			
	Current Level			

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<i>Please attach the fully completed Targeted or Personalised Plan (essential documentation)</i>	<b>Targeted Plan</b>	<b>Yes / No</b>	<b>Personalised Plan</b>	<b>Yes / No</b>
<b>Any other essential information:</b>				
<b>SIGNED:</b>	<b>Role:</b>	<b>DATE:</b>		
<b>Contact details:</b> email and phone				
Name and role of person attending meeting [if different]				

**Please attach;**

- Targeted / Personalised Plan
- Parental views
- Consent form
- 2 year Progress Check, Health Check at 2 (or Joint Review at Two)
- Best Practice Guidance Audit Tools as appropriate to the identified need.

Please send, by post, to your STLS District Co-ordinator.