

### Request for PD Outreach Support Team Involvement Early Years Support

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.	

**Currently attends:**

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	<input type="checkbox"/>	Crawls	<input type="checkbox"/>
Gross Motor Skills	<input type="checkbox"/>	Perceptual Skills	<input type="checkbox"/>
Self Help Skills	<input type="checkbox"/>	Supported walking frame	<input type="checkbox"/>
Buggy/wheelchair	<input type="checkbox"/>	Fine Motor Skills	<input type="checkbox"/>
Other	<input type="checkbox"/>		

**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		

**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): \_\_\_\_\_