**BCP Portage Service – Request for Involvement**

**Level 3 – Partnership Plus SEND Service**

**Child and Family Details**

**Child’s name:** Click to enter

**DOB (the child must be aged under 4 years of age):** Click to select.

**Gender:** Click to select

**First Language:** Click to select

**Is an interpreter needed for the initial assessment?** Click to select

**Parents names:** Click to enter

**Siblings names and ages:**Click to enter.

**Address (the child must have a Bournemouth, Christchurch or Poole postcode):**

Address Line 1

Address Line 2

Town

County

Postcode

**Landline/ Mobile number:** Click to enter

**Email address:** Click to enter

**Is the child attending an Early Years Setting?** Click to select.

**Name of setting and days attending:** Click to enter

**Details of person making the referral**

**Name:** Click to enter

**Agency:** Click to enter

**Contact details (phone number, email address):** Click to enter

***As the referrer, by signing this form you are confirming that you have gained consent from the child’s parent/guardian to make*** ***this request for Portage involvement, and that parents have also given consent for the Portage service to seek additional supporting information relating to the child and family where needed. This information will be stored securely and used to process this referral, assess the child’s needs and suitability for Portage, and ascertain the right level of advice and support to the child/family.***

***Data Protection Act 2018***

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***Personal information is processed in accordance with GDPR and the Data Protection Act 2018. For more information please see the council website (***[*www.bcpcouncil.co.uk*](http://www.bcpcouncil.co.uk)***).  A copy of the Portage Privacy Notice can be supplied upon request.***

**Referrer signature: Date:** Click to select

**Name of Parent/Legal Guardian giving consent:** Click to enter

**Other professionals involved with the child/family (name and role):** Click to enter

**Areas of Special Educational Need/Disability**

**To meet Portage criteria the child must have significant delays of 50% of their chronological age in 3 or more areas.**

*Please provide a separate report/information if available, or give a brief overview of the child’s strength and needs in the following areas:*

**Communication and Interaction:**

Click to enter

**Cognition and Learning:**

Click to enter

**Social, emotional and mental health difficulties:**

Click to enter

**Sensory and/or physical needs:**

Click to enter

**Diagnosis [if appropriate]:**

Click to enter

**Supporting information required:**

**Developmental assessments -** At least **one** of the following must be provided which clearly shows the child’s level of need

* ASQ-3, ASQ SE
* EYFS profile
* Schedule of Growing Skills (SoGS)
* Speech & Language Therapy report
* Consultant or Community Paediatric assessment/report/review
* Early Help Assessment/wheel
* Any other relevant report.

**What advice and support has already been put in place?**

Click to enter

**What are parents most worried about?**

Click to enter

**What needs to happen to enable the child to make progress?**

Click to enter

**Have the parents or other professionals identified any wider family needs or worries?** Click to select.

**If yes, what do these worries relate to?** Click to select.



**Does the family have a Lead Professional?** Click to select.

**Name of Lead Professional:** Click to enter.

**Are any of the above worries/needs currently unmet and having a negative impact on the child/family?** Choose an item.

**Has a referral been made to Early Help Services?** Choose an item.

**\*\*\* Please note - due to Covid-19 and current government guidance, the Portage team are working from home. Referrals and reports sent via post to Inclusion & Family Services, Dolphin Centre, Poole, BH15 1SA will be delayed in reaching the service as there is limited Business Support based in the office.**

**Please submit this request for BCP Portage involvement along with supporting information via secure email to:** [**portage@bcpcouncil.gov.uk**](mailto:portage@bcpcouncil.gov.uk)

**If you have any queries contact Helen Jones on 07824 521406.**