**Early Identification & Notification Form**

**Pre-school Children** with Special Educational Needs and/or Disabilities (SEND)

**Purpose**

The purpose of this form is to inform the local authority of preschool children with/or who are likely to have a Special Educational Need and/or disability.

Section 23 of the Children and Families Act 2014:

‘*CCGs, NHS Trusts and NHS Foundation Trusts MUST inform the appropriate Local Authority if they identify a child under compulsory school age as having or probably having a disability or special educational needs*’

The SEND Code of Practice 2015, states in 9.1:

‘*The* ***majority*** *of children and young people with SEN or disabilities will have their needs met within* ***local mainstream early years settings****. Some children and young people may require an EHC needs assessment in order for the local authority to decide whether it is necessary for it to make provision in accordance with an EHC plan.’*

Nationally, EHCP’s are only necessary in approximately 3% of the whole child population.

This form is **not** a request for an EHCP, as Section 36 of the Children and Families Act 2014 only gives the right to a CYP, parent or person acting on behalf of a school or post-16 institution. This form is a notification as required by law to inform the Local Authority of the preschool child that is likely to have SEND.

**This form is to be completed by health professionals only**

|  |  |
| --- | --- |
|  | **Child details** |
| Legal Forename and Surname |  |
| Date of Birth |  |
| Address and Postcode |  |
| Legal Status (if applicable) | Looked After/ Legal Guardianship/other (please specify) |
|  | **Parents/Carers details** |
| Full Name/s |  |
| Address (if different from above) |  |
| Contact Numbers |  |
| Email Addresses |  |
|  | **Health Professional Completing this form** |
| Name |  |
| Health Organisation |  |
| Job Role |  |
| Contact Number |  |
| Email |  |
|  | **Health Concerns/Conditions and/or diagnosis** |
| Health Concerns & Conditions |  |
| Medical Diagnosis |  |
| How do you think these needs will impact upon the child’s education? |  |
|  | **Parental Consent** |
|  | To ensure we can work collaboratively to meet the needs of the child,  the parent/carer agrees to the sharing of reports and information with the appropriate Local Authority as necessary.  I understand the information gathered will be stored and used for the purpose of reviewing and planning appropriate services to meet individual needs of my child.  If there is any individual or organisation who you would not wish information to be shared with? Please give name and reason why:  Verbal consent to be obtained in health records |
|  | **By ticking this box, you are confirming that parent/carer has agreed to this notification and the sharing of child’s medical report, where appropriate** |
| **Child’s Name** |  |
| **Parent/ Carer Name** |  |
| **Signature**  **Verbal consent** |  |
| **Date** |  |

|  |  |
| --- | --- |
|  | **Sharing this form** |
|  | Please email this completed form securely to:  [eyidentification@medway.gov.uk](mailto:eyidentification@medway.gov.uk) |

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|  | **Further information** |
|  | Further information regarding the Early Notification process is available on the SEND Local Offer:  Kent: <https://www.kent.gov.uk/education-and-children/special-educational-needs>  Medway: <https://www.medway.gov.uk/localoffer> |