EARLY YEARS ADVICE SESSION REQUEST FORM

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| **Parent / Carer Consent Gained** | **Y/ N \* If no, do not give child name or DOB below**  |
| **Parent / Carer attending advice session**  | **Y/N** |
| **Child’s name \*** |  | **DOB** |  |
| **Name of setting**  |  | **SENCO** |  |
| **Other professionals involved** | **e.g. EY SEND** |

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| **UNIVERSAL SUPPORT ALREADY ACCESSED** | **YES** | **NO** | **N/A** |
| EYFS activities in line with Speech, language and communication skills  |  |  |  |
| Buckinghamshire Speech and Language Therapy resources[www.buckshealthcare.nhs.uk/cyp/therapy/](http://www.buckshealthcare.nhs.uk/cyp/therapy/)  |  |  |  |
| BBC Tiny Happy People website <https://www.bbc.co.uk/tiny-happy-people> |  |  |  |
| ICAN video on ‘Top Tips for Early Years Practitioners’ <https://youtu.be/joqVklnnPoY> |  |  |  |
| Hungry Little Minds <https://hungrylittleminds.campaign.gov.uk/> |  |  |  |
| Additional training<https://earlyyears.buckscc.gov.uk/send-and-inclusion/>Please indicate which training accessed: |  |  |  |

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| **FOR THEMES OF CONCERN** | **YES** | **NO** | **N/A** |
| Understanding of language |  |  |  |
| Use of (Expressive) Language |  |  |  |
| Social communication and interaction skills |  |  |  |
| Speech Sounds |  |  |  |
| Stammering/dysfluency  |  |  |  |
| Selective Mutism |  |  |  |

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|  **FOR SPECIFIC CHILD CONCERNS** |
| Please provide an outline below of your concerns and identify which areas you need advice for. Please be aware to tailor next steps specific to the child parent/ carer needs to attend jointly with setting. Please do not contain any child personal identifiable information if Parent / Carer consent has not been given |

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Please email your session request with the title ‘SALT Early Years Advice Session’ in the email subject line to Buc-tr.cyptherapies@nhs.net .Sessions will be running between Monday to Friday, please indicate the most suitable day and time of day, for you.

Once your request has been received a Microsoft Teams invite will be sent to you.