

Gateshead 0-4 Referral

Guidance for Referrers

Please read the following before completing this form:

- This is the referral form for Gateshead 0-4 children with special educational needs and disabilities.
- Please refer to the Early Years Advice and Guidance leaflets on the educationGateshead website before completing a referral:
 - **Cognition & Learning** - [3771a-JH-Early-years-cognition-and-learning-leaflet.pdf](#)
 - **Communication & Interaction** - [3771b-JH-Early-years-Communication-and-Interaction-leaflet-.pdf](#)
 - **Physical, Social & Emotional Development** - [3771f-JH-Early-Years-PSED-leaflet.pdf](#)
 - **Physical/Medical Needs** - [3771e-JH-EYRS-PMN-leaflet-.pdf](#)
 - **Vision-Friendly Adaptations & Strategies** - [3771c-JH-EYRS-Vision-Friendly-Settings-leaflet.pdf](#)
 - **Deaf-Friendly Adaptations & Strategies** - [3771d-JH-EYRS-Deaf-Friendly-Settings-leaflet.pdf](#)
- Please note that if a child attends a nursery setting, the views of both the Health Visitor and the setting **MUST** be included in the referral.
- All professional contact information must be completed **IN FULL**.
- All required information **MUST** be provided.
- The information will be discussed at fortnightly meetings (term time only) attended by professionals from teams within Education, Health and Social Care.
- It is the responsibility of the referrer to keep us updated about any relevant changes (contact nos, address, setting, etc) once this form has been submitted.

Checklist

Supporting documents you **MUST** include with this referral

- A copy of the CAF Support Plan (if applicable)
- A copy of any health assessments eg schedule of growing skills, ASQ, ASQse
- A copy of the EYFS progress check for children between two and three years (if the child attends a nursery setting)
- Any written record of the child's progress and next steps
- Copies of reports from any other professionals involved with this child
- Minutes/Notes from review meetings (Health or education)

Signatures

Please ensure that parent/carer consent has been completed in full

For children attending a nursery setting only - please ensure this referral has been signed by Health Visitor and nursery setting staff

NOTE: The referral will not be considered unless **ALL** relevant documents and signatures are included.

Please complete and return to 0-4referral@gateshead.gov.uk using secure email.

Receipt of referrals will be acknowledged by secure email to the referrer. If you have not received an acknowledgment within two weeks, please contact the team on 0191 433 8734.

Accessibility: If you would like this information in a different format such as Braille, large print, or in a different language please contact us.

Referrer's details

Name of Referrer

Position (SENCo, Health Visitor, etc.)

Telephone number

Email

Reason for Referral

Please list all professionals involved, including email address and phone number.

What are the barriers to learning?

What has been done so far to support the child?

What has worked well?

What is not working?

What help is needed? What outcome are you seeking from this referral?

Please comment on the following areas, if relevant to the referral.

Brief details of birth history (pregnancy, labour, delivery, birth weight and gestation)

Any significant health issues and investigations?

Does the child have a formal diagnosis or are they awaiting/undergoing any physical or medical assessment?

Any significant family history?

Vision and Hearing concerns?

For referrals to Children’s Occupational Therapy Team please provide full details of functional concerns in the following areas:

Postural Management (e.g. seating, sleeping, moving and handling)

Self-care (e.g. dressing, eating, drinking, toileting and bathing)

Play/leisure activities

Supplementary Information

This should include relevant information about support provided to other members of the family and any existing lone working procedures.

ASQ Summary Information

Date of last assessment:

Please provide details:

Area	Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	24.02															
Gross Motor	28.01															
Fine Motor	18.42															
Problem-solving	27.62															
Personal/Social	25.31															

The information provided on this form will be processed and shared in accordance with the Data Protection Act and the General Data Protection Regulations (2018). The agencies who attend the 0-4 Referral meetings are listed below:

- Your child's current education or childcare setting
- The Growing Healthy Gateshead 0-19 Service (NHS)
- Child Development Team (NHS)
(Consultant Paediatrician, Physiotherapist, Speech and Language Therapist, Occupational Therapist, Dietician)
- Newcastle/Gateshead CCG (NHS)
- Children with Disabilities Team (Social Care)
- Education, Schools & Inclusion Service which includes:
 - Special Educational Needs Inclusion Team (HINT, LINT, Portage)
 - Educational Psychology Service
 - Early Years Childcare service

The information within this referral will be shared with all attendees in order to decide on the most appropriate support for your child.

Please tell us about your specific concerns

What difference do you hope the referral will make for your child?

Home language:

Do you need an Interpreter?

Yes

No

I/we give permission for this referral to be submitted to the 0-4 Referral Meeting.

I/we understand that the information recorded on this form will be stored and used only for the purpose of providing a service to a child for whom I/we have parental responsibility.

I/we have seen the parent/carers information leaflet.

Parent/Carer

Name

Relationship to child

Signature

Date