

Dear parents / carers

As a registered early years provider we have a duty to work within the Early Years Foundation Stage Framework and the SEND Code of Practice 2014 (Revised January 2015). As early years practitioners it is our responsibility to observe your child and respond appropriately to their individual needs.

We are committed to encourage parents to contribute their knowledge and understanding of their child, sharing information and raising any concerns they may have about their child's development and or health needs.

In our efforts to do our best for your child we will talk to you if we have any concerns about their development within our setting and complete an Early Identification Assessment Summary to help form a plan of support to meet your child's individual needs.

There are occasions when it is helpful for us to ask for guidance on how to offer further help and support to a child in our care. We are fortunate to have a number of professionals we can contact who are able to give us that vital support and advice in regards to health, development and care.

In such an event we always seek parental views and permission, but we like to make all our parents aware of the services we can call upon should there be a need.

We would therefore be very grateful if you would read and sign this information letter.

This may help us help your child in the future.

Many thanks for your continued support.

In the case of this early years provider raising any concerns about my child, I agree to give my permission for the appropriate professionals to be approached, in regard to receiving advice and support for my child.

Some examples of the professionals we have contact with are:

Early Years Area SENCO Manager and SEND Practitioners

Health Visitor

Early Years Inclusion Team / Portage Service

Behaviour Support Team

Speech and Language Therapy

Early Years Educational Psychologist

Hearing Support Service

Visual Impairment Team

Physical Disability Team (Including medical needs)

Autism Spectrum Education Team (ASET)

Children's Centres

Health Care Professionals

Name of child..... D.O.B.

Name of person with Parental Responsibility.....

Signature of person with Parental Responsibility..... Date.....