

Early Years Service Questionnaire

CHILD'S NAME:

DOB:

Forms must be received within 6 weeks of the child starting in your setting.

Incomplete forms or forms lacking adequate detailed information will delay appropriate next steps for this child.

The Early Years Speech & Language Therapy Service will see children where there are concerns about communication and fall into the following category:

- Children aged 2 years who have a Solihull GP and receive 2 Year Old Funded Nursery places.

DATE CHILD STARTED AT YOUR SETTING:

EYFS Scores Communication & Language

Speaking

Age Band:

Low/Secure/High

Understanding

Age Band:

Low/Secure/High

Listening & Attention

Age Band:

Low/Secure/High

EYFS Scores Personal, Social & Emotional Development

Self Confidence & Awareness

Age Band:

Low/Secure/High

Managing Feelings & Behaviour

Age Band:

Low/Secure/High

Making Relationships

Age Band:

Low/Secure/High

CONSENT TO SHARE INFORMATION

This referral form MUST be signed by both the referrer AND the parent/carer.

Today, electronic records are kept in all the places where you receive healthcare. Solihull Community NHS Services uses a computer system called SystemOne to electronically record an individual's health information. SystemOne allows this information to be shared with other health organisations using SystemOne such as Health Visitors and GP's.

We are telling you about this because you have the choice in deciding if your information is shared with other Health Professionals involved in your child's care.

Sharing Out

This controls whether your child's early years record can be shared with other SystemOne Organisations where they are treated. Please tick to record your preference.

Yes (shared)

Or

No (not shared)

Sharing In

This controls whether we can view information recorded by other SystemOne Organisations where they have received treatment. Please tick to record your preference:

- Yes** (shared)
Or
 No (not shared)

I/We give consent for a referral for assessment to be made for the above named child to the service(s) indicated above and to circulate reports and resources to relevant agencies including Health Visitors, GP's, SISS and Local Authority/Social Services.

Referred by

Name:
Signature:
Position:
Date:

Parent/Carer Consent

Parent/Carer's Signature:
Date:

Video Consent Form

As part of the Early Year Service, your child may receive a block of Video Communication Therapy (VCT) with their Key Person within the nursery setting.

This involves both your child and the Key Person being filmed. I understand that my videos will be kept by the Trust for a period of up to 12 months from the date of consent and then deleted. I am aware that I can opt out and withdraw my consent at any time by contacting the Early Years Speech and Language Therapy Team on 0121 746 4449.

Key Person Consent

I give consent for a video recording to be made and used:
() within the Speech and Language Therapy session.
() for training Speech and Language Therapists within this Trust.
() for training other professionals/parents.
() for training speech therapy students.
() I accept the very small risk that transporting the above video footage between settings may pose.

Parents/Carers Consent

I give consent for a video recording to be made and used:
() within the Speech and Language Therapy session.
() for training Speech and Language Therapists within this Trust.
() for training other professionals/parents.
() for training speech therapy students.
() I accept the very small risk that transporting the above video footage between settings may pose.

Key Person Consent

Name:
Signature:
Position:
Date:

Parent/Carer Consent

Parent/Carer's Signature:
Date: