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| **NOTIFICATION TO EDUCATION (SENS) LBC****For children with Special Educational Needs, Disability Under Fives *who are not in an early years setting.*** |

**PERSONAL DATA:**

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| --- | --- | --- | --- |
| Child/Young person’s name |  | Date of Birth |  |
| Parents/ Guardians names |  | Gender | M / F |

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| --- | --- |
| Address |  |
| Postcode |  |

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| --- | --- | --- | --- |
| Preferred telephone contact |  | Preferred LanguageIs interpreter required? | Yes No |

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| --- | --- |
| Looked after child/ young person? |  Yes No |

**Ethnic Background: (Please tick appropriate box)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| White – British / English | [ ]  | White & Black Caribbean | [ ]  | Bangladeshi | [ ]  | Chinese | [ ]  |
| White – Irish | [ ]  | White & Black African | [ ]  | Kashmiri | [ ]  | Other  | [ ]  |
| White – Traveller of Irish Heritage | [ ]  | White & Asian | [ ]  | Asian – Other | [ ]  | Preferred not to say | [ ]  |
| Gypsy/Roma | [ ]  | Mixed - Other | [ ]  | Black Caribbean | [ ]  | Information not obtained | [ ]  |
| Turkish/Turkish Cypriot | [ ]  | Indian | [ ]  | Black African | [ ]  |  | [ ]  |
| White - Other | [ ]  | Pakistani | [ ]  | Black - Other | [ ]  |  | [ ]  |

**Notification information**

|  |  |
| --- | --- |
| Name of health professional |  |
| Designation/Role: |  |
| Contact details:  |  |
| Telephone contact: |  |

**Additional information**

|  |  |
| --- | --- |
| Does the child/young person have a Education, Health and Care plan? | YES NO NOT KNOWN |
| Has an Early Help Assessment (EHA) been completed? | YES NO NOT KNOWN |
| Does the child have a graded care profile? | YES NO NOT KNOWN |
| **Does the child/young person have a diagnosis?** | YES NO |
| **If yes What is it?****Please attach report if available** |  |

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| --- | --- |
| If the child is 3/4yrs have they applied for 30hrs? | YES NO NOT KNOWN |
| Is the child/ young person in a setting? Yes No  | Setting name |

|  |  |
| --- | --- |
| If the child is two or below,Will the family be applying for two year old funding? |  Yes no |

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| Signature of professional notifying: ………………………….. Date:I, the parent(s)/carer(s), accept that this information may be shared with other agencies in support of my child's educational needs, or used to compile statistics by using it as anonymous data.Signed: ……………………………………. Parent / Carer Date: |

**Please send the completed form to:**

**Special Educational Needs Service (SENS), Futures House (1st Floor),The Moakes, Marsh Farm, Luton LU3 3QB or email** **SENS@luton.gcsx.gov.uk**

**For enquiries please call Tel: 548151**