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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 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Preferred telephone contact |  | Preferred Language  Is 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** |  |

|  |  |
| --- | --- |
| 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**](mailto:SENS@luton.gcsx.gov.uk)

**For enquiries please call Tel: 548151**