

Barnsley Education Inclusion Specialist Support Services
Barnsley Portage Service
Request for Involvement

<https://www.barnsley.gov.uk/services/schools-and-education/barnsley-education-inclusion-services/portage-service/>

Portage Service work directly with parents/carers of children up to 4 years of age with significant developmental delay, to support continued development through play in the family home.

Our Request for Involvement form needs to be completed in full for it to be processed

Before completing the request for involvement please check that the following criteria have been met:

1. The 'Portage Request for Involvement **flowchart**' (see Portage Service webpage for document) has been used to inform decision making in relation to requesting Portage involvement. [Link to Barnsley Portage Service webpage](#)
2. The child's developmental stage has been considered against the '**Overview of Early Years Developmental Progress Tool**' (see Portage Service webpage for document) and their development has been assessed as 50% delay in at least one area of development. [Link to Barnsley Portage Service webpage](#)
3. The request for involvement has been discussed and completed with parent(s)/carer(s).
4. The child's parent(s)/carer(s) has agreed that they will be able to commit to regular Portage sessions in the family home with their child and the Portage worker.

Requester's Details

| | |
|---|--|
| Name: | Role: |
| Email address: | Service: |
| Phone contact: | |
| <i>I confirm that this referral has been fully discussed and agreed with parents/carers regarding the child detailed below and that they are in agreement with this request for Portage Service involvement</i> | |
| Signature: | Date: |
| Parents/Carers Names: | Parents/Carers email address: |
| | Parents/Carers phone contact: |
| Language spoken at home: | Parents/Carers preferred spoken language: |

Child's details

| | | | |
|-----------------|------------------|-----------------------|----------------|
| Surname: | Forename: | Date of Birth: | Gender: |
| Address | | | |

Please delete as appropriate

| | | |
|-----------------------------|--------------------------|---|
| Early Help Assessment (EHA) | Looked after child (LAC) | Social Care Involvement Child In Need (CIN) or Child Protection (CP) |
| Yes/No | Yes/No | Yes/No CIN/CP |

Summary of developmental stage

Please complete the grid below with parents/carers, using the 'Overview of Early Years Developmental Progress Tool' document.

| | Date of assessment | Chronological Age | Developmental Stage |
|---|--------------------|-------------------|---------------------|
| Communication and Language | | | Choose an item. |
| Cognition and Learning | | | Choose an item. |
| Physical Development | | | Choose an item. |
| Personal Social and Emotional Development | | | Choose an item. |

Additional Information

Relevant information including diagnosis and/or identified health need.

Please indicate agencies involved with the family and attach any relevant reports/letters to this request

| Service/Practitioner | Name and Contact or N/A | Service/Role | Name and Contact or N/A |
|--------------------------------|-------------------------|-----------------------------|-------------------------|
| Health Visitor | | Physiotherapy | |
| Child Development Practitioner | | Speech and Language Therapy | |
| Paediatrician | | Occupational Therapy | |
| Consultant | | Hearing Support | |
| Social Care | | Vision Support | |
| Early Help | | Any other | |
| | | | |
| | | | |
| | | | |
| | | | |

Ensure the form is completed in full before returning to the address or email below.

Receipt of the Request for Involvement will be acknowledged via email to the referrer.

PO Box 634, Barnsley, S70 9GG

Portage@barnsley.gov.uk



National Portage Association

Partners with Parents and Children

Barnsley Portage Service registered with the
National Portage association