**Parental Consent Form**

This form may be used to record any actions agreed with parents/carers to provide additional support for their child and seek further advice if necessary.

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| **Full name of child:** |  |
| **Date of birth of child:** |  |
|  |
| **Initial concerns have been raised by:** |  |

|  |  |  |
| --- | --- | --- |
| **Actions** | **Date of Completion** | **Initials** |
| I have carried out initial observations to support the concerns. |  |  |
| I have shared these concerns with the child’s parents/carers. |  |  |
| *List Initial Actions*: |  |
| I have discussed these concerns with my colleagues. |  |  |
| I have carried out some focused observations (e.g ABC/STAR, time sampling, tracking). *Please attach summary.* |  |  |
| I have shared my observations and discussed possible action with the child’s parents/carers. |  |  |

|  |  |
| --- | --- |
| **Actions resulting from consultation with parents/carers** | **Tick those agreed** |
| Develop targeted plan (e.g. SEN support plan, IEP, Risk assessment, Behaviour plan, Health care plan.) |  |
| Implement & review targeted plan |  |
| No further action at this time. Date to review progress: |  |  |
| Complete IAA self-referral form, to request support from the Early Years and Childcare Service via the Suffolk Families Information Service (FIS) |  |
| Submit completed IAA self-referral form **by secure email** to FIS (childcare.planning@suffolk.gov.uk) |  |

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| **Declaration of the child’s parent/carer and Setting SENCo/ Key Person** |
| I agree to all of the actions indicated above. |
| **Signature of parent/carer:** |  | **Date:** |  |
| **Signature of setting SENCo/ Key Person:** |  | **Date:** |  |

**This record should be kept by the Childcare Provider but made available to Suffolk County Council if requested.**

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