

**Special Educational Needs and Disability Service -  
Specialist Teaching Service (East)**

Chaddesley House, Manchester Road,

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**Portage** is an educational home teaching service for pre-school children and with special educational needs and their families. Children with two or more areas of difficulty will be considered for this service.

**The Home Visiting Service** works with families where children do not qualify for Portage but who need help or advice in the home.

**PORTAGE AND HOME VISITING  
REFERRAL FORM  
For parent/carer use only**

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Parents/ Guardians: \_\_\_\_\_

Who has Parental Responsibility (PR): \_\_\_\_\_

Address and Postcode: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

Does the child go to Nursery/Playgroup/Childminder/Groups? or any other early years provision?

Please give details: \_\_\_\_\_

Religion: \_\_\_\_\_

Home Language: \_\_\_\_\_

## Categories of Ethnicity

Please tick the relevant box(es)

### **White**

British

Irish

Traveller of Irish heritage

Gypsy/Roma

Any other White background


### **Black or Black British**

African

Caribbean

Any other Black background


### **Mixed**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background


### **Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background


**Chinese**

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**Any other Ethnic background**

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**I do not want an ethnic background category to be recorded**

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What is the nature of the Child's additional needs? \_\_\_\_\_

\_\_\_\_\_

Physical skills: \_\_\_\_\_

Play skills: \_\_\_\_\_

Speech and language skills: \_\_\_\_\_

Self Help skills: \_\_\_\_\_

Medical needs: \_\_\_\_\_

Please give names and addresses of other professionals involved e.g.:-

Health Visitor: \_\_\_\_\_

GP: \_\_\_\_\_

Medical Consultant/s: \_\_\_\_\_

Physiotherapist: \_\_\_\_\_

Occupational Therapist: \_\_\_\_\_

Speech & Language Therapist: \_\_\_\_\_

Nursery SENCO: \_\_\_\_\_

CAF Lead Professional: \_\_\_\_\_

Specialist Teacher: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Others: \_\_\_\_\_

\_\_\_\_\_

**Consent Form**

❖ This referral cannot be actioned if unsigned by the parent/carer with Parental Responsibility ❖

**I/we would like my/our child to be considered for:**

**PORTAGE                      HOME VISITING                      Please circle which service is required.**

I understand that my child will be discussed at the Early Years/Support Panel.

Consent from Parents gives permission for members of the Portage Service to contact other professionals involved with the child to seek and share relevant information.

If such information is required I give my permission for information about my child's health and development to be shared with the staff of the Portage Service by the professionals named on this referral to assist with the development of his/her home teaching programme.

**Parents or Guardians Signature:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_

**Are there any issues for lone home visiting:** \_\_\_\_\_

**Availability Chart:** Please tick when you are **not available** for visits.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
Lunchtime					
PM				Not available	

Other Comments: \_\_\_\_\_