LINCOLNSHIRE COUNTY PORTAGE SERVICE

Bourne & District Portage Service Referral Form

Child's Name: **DOB:** **Address:**	**Name of Parent / Carer:** **Email Address:** *Please provide where possible* **Mobile No:**

Health Visitor: **Family health Worker:** **Tel No:**	**Home Language:**

Please provide : Names of supporting professionals and details of current involvement and intervention:
Speech and Language Therapist (SALT):
Physiotherapist:
Occupational Therapist:
Community Paediatrician:
Social Worker:
Family Support worker:
ESCO:
KIDS:
SEST:
Other:

Reasons for referral and description of difficulties: Please note : to be eligible for Portage a child would be identified as having significant delay in two or more prime areas of their development
Please give details on the following areas:
Communication and Interaction:

Physical/Sensory:

Social & Emotional:

Cognition/Play/Learning:

Self Care:

Name of setting/group child attends and for how many hours:

Please provide information on current targets and how these needs are met with the support of the relevant agencies involved:

Please note: A child who is accessing EY provision and are having their educational needs met regardless of the hours they attend **MAY NOT** meet the criteria for Portage Home Visiting. The outcome of an initial visit will be agreed with the Portage Service lead, and the referrer and parent/carer notified.

Referred by: **Address:** **Email:** *Please provide* **Tel no:** **Signature:** **Date:**	Please return this form, with parental permission, to: Vicki Billyard Portage Co-ordinator Willoughby Academy South Road Bourne Lincs PE10 9JD vbillyard@prioryacademies.co.uk 01778 425203