**Parental Consent Form**

This form may be used by practitioners 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. *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: |  |  |
| Request support from Suffolk County Council - Early Years and Childcare Service by submitting an IAA referral (survey style form).  Queries should be emailed to: [Childcare.planning@suffolk.gov.uk](mailto:Childcare.planning@suffolk.gov.uk) | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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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