The IAA online survey referral form is now the only way you can make a referral for support with an individual child or request any support for your setting which we call an ‘other’ referral.

The questions on this form have been developed to gather relevant information so that we can clearly see what it is you need support with.

You can see the questions you will be asked below, which will help you prepare.

The questions have been designed using the Signs of Safety approach, asking you to describe strengths as well as to identify any concerns.

If you want to refer more than one child, you need to complete a separate survey form for each child.

You must have written parental consent to complete and submit an IAA referral form for support with an individual child.

**Please note: the question number may change slightly - it is dependent on the option you select when answering the questions.**

|  |  |  |
| --- | --- | --- |
| 1 | Provider Name |  |
| 2 | Setting Postcode |  |
| 3 | Ofsted URN |  |
| 4 | Are you on Suffolk List of Provider (LoP)? |  |
| 5 | Have you or any of your colleagues recently worked with the Early Years and Childcare Service? |  |
| 5 | Please give your name (referrer) |  |
| 6 | Your job title |  |
| 7 | Your contact telephone number |  |
| 8 | Work email address |  |
| 10 | What type of referral is this?  Individual Child  Something else (other) |  |
| **Individual Child Referral** | | |
| 11 | Do you have parental consent to make this referral? |  |
| 12 | Child's Full Name |  |
| 13 | Child's date of birth |  |
| 14 | When is this child in attendance? |  |
| 15 | Is this child- CP-CIC-CIN-NONE |  |
| 16 | Are any other professionals involved with this child? |  |
| 17 | What is working well? |  |
| 18 | What are the child's strengths? |  |
| 19 | What are you currently worried about? |  |
| 20 | How long have these worries been present and how were they identified? |  |
| 21 | Do the parents/carers share your concerns? |  |
| 22 | What have you tried already and has this made a difference? |  |
| 23 | What do you currently have in place to support this child? |  |
| 24 | Have you already, or are you planning to make any other referrals for this child? |  |
| 25 | What are the outcomes you are looking for? |  |
| 26 | How do you feel the Early Years and Childcare Service can support you? |  |
| **Other Referral** | | |
| 27 | What is this referral for? |  |
| 28 | What is working well? |  |
| 29 | What are you currently worried about? |  |
| 30 | How long have these worries been present and how were they identified? |  |
| 31 | What have you tried already and has this made a difference? |  |
| 32 | What are the outcomes you are looking for? |  |
| 33 | How do you feel the Early Years and Childcare Service can support you? |  |