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| **Collaborative Problem-Solving SEND Consultation**  **using Solution Circles Approach** |
| Parent’s Information and Permission  Dear [insert name here]  As we previously discussed, we are working with your child to identify and support their specific learning and development needs. The SEND Code of Practice describes the principles that should be observed by all professionals working with children and young people who have diagnosed or suspected Special Educational Needs or disabilities. These duties include, collaborating with partners in education to provide support, identifying the needs of children and making sure that our provision meets the needs of all children.  To help us do this effectively we are planning to anonymously discuss your child at an Early Years SEND consultation organised by Suffolk County Council.   * Your child will remain anonymous; no names, date of birth or any other identifying information will be shared during the meeting. * A panel of colleagues from the Early Years & Childcare Service and SENCo’s from other settings will be present during these virtual meetings. * Information relating specifically to your child’s learning and development, progress, strengths, and difficulties will be discussed (anonymously) with a view of gaining additional support and advice for staff in planning to meet your child’s needs.      * There will be a written record of key points discussed during the meeting, a copy of which will be kept within your child’s SEND file within the setting. If you would like your own copy of this record, please request this directly from our setting. |
| **Consultation Details**  Proposed Date:  Name of Practitioner attending the meeting:  *\*Please speak directly with this Practitioner if you require any further information* |
| **Consent Details**  *Please complete the consent details section of this form and return to the setting. Thank You.*  I/We give permission for the details of our child’s learning and development needs to be discussed at an Early Years SEND Consultation, for the purpose of supporting the setting in meeting the needs of my child.  I/We understand that our child’s identity will remain anonymous throughout the process.  **Parents Name:**  **Parents Signature:**  **Date:** |