**West Sussex Portage Service**

Please note: The West Sussex Portage service operates a policy of open files, making all information (except child protection data) available to parents.

**REFERRAL FORM**

Portage is an Early Years home visiting educational service for children with additional support needs. We work alongside parents and other professionals, offering practical strategies and ideas to encourage and develop a child’s emerging skills.

**Children who attend an Early Years setting for 30 hours or more a week, attend a specialist Early Years setting or have received Portage from another service will not meet our eligibility criteria. We accept referrals from children aged up to three years and six months at the point of referral.**

**Please return all referral forms to the address below:**

**West Sussex County Council**

**West Sussex Portage**

**Lower Ground Floor**

**County Hall, West Street**

**Chichester, PO19 1RQ**

**01243 536182**

**Email: Chichester.ed.portage.service@westsussex.gov.uk**

**Selected parts of this form will be used on a database for administrative purposes only.**

**Reason for Referral**

**Please consider our referral criteria carefully: If the child you are discussing accesses nursery for 30 hrs or more per week, has Portage from another service or accesses specialist provision, Portage cannot be offered. (Referrals will be accepted for children aged up to three years and six months.)**

**Pre-school or Nursery attended:**

**Number of hours/sessions per week and days attended:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **MON** | **TUE** | **WED** | **THU** | **FRI** |
| **AM** |  |  |  |  |  |
| **PM** |  |  |  |  |  |

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**Pre-school or Nursery attended:**

**Number of hours/sessions per week and days attended:**

I discussed Portage support with the family on (date)………………………and they are expecting to hear from you.

Name of Referrer:

Address:

Tel no:

Email: (essential)

Please ensure you complete all sections of this referral form.

It will be returned if information is missing, and we cannot process it.

**Family Details**

This family are particularly interested in using the service for:

**Child’s name:**

**M / F (please circle)**

**Date of Birth:**

**Parent/Carer(s) name (s):**

**Address:**

**Phone number:**

**Email address: (please ensure you include this where possible)**

**Other children in the family are:**

**The language (s) the family use at home are:**

**Is an interpreter required for initial contact? Y/N**

**Professionals involved with the child:**