

Parental Consent Form

This form may be used to record any actions agreed with parents/carers to provide additional support for their child and seek further advice if necessary.

Full name of child:	
Date of birth of child:	

Initial concerns have been raised by:	
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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.				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;"><i>List Initial Actions:</i></td> <td style="padding: 5px;"></td> </tr> </table>	<i>List Initial Actions:</i>			
<i>List Initial Actions:</i>				
I have discussed these concerns with my colleagues.				
I have carried out some focused observations (e.g ABC/STAR, time sampling). <i>Please attach summary.</i>				
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 Individual Education Plan (IEP)	<input type="checkbox"/>
Implement & review IEP	<input type="checkbox"/>
No further action at this time. Date to review progress: _____	<input type="checkbox"/>
Complete IAA self-referral form, to request support from the Early Years and Childcare Service via the Suffolk Families Information Service (FIS)	<input type="checkbox"/>
Submit completed IAA self-referral form by secure email to FIS (childcare.planning@suffolk.gov.uk)	<input type="checkbox"/>

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.