



EARLY YEARS

Ethnic Minority Achievement Service (EMAS)

Request for Bilingual Support for Early Years providers
 (Setting to complete this form following the referral pathway process)

Name of setting:					
Address:					
			Tel:		
Manager:		Keyworker:			
Name of child			Date of Birth		
Language/s spoken at home			Male / Female		
Country of origin of family			Date of Arrival to the UK		
Date of entry to setting			Date of this Referral		
Have parents/carers consented to this information being shared for the purpose of EMAS assessing their child's needs and, where appropriate, engaging with the child? *				Yes / No	

Child's attendance timetable at the setting - please circle:

Monday		Tuesday		Wednesday		Thursday		Friday	
am	pm	am	pm	am	pm	am	pm	am	pm

Please complete table below based on observations. Please add further comments overleaf if appropriate.

1. What are the strengths of the child across all areas of learning?	3. What strategies does the child use to access learning experiences?
2. What strategies have you put in place to support the child to access learning experiences?	4. Please add any other comments to support this request for support

*** The information provided in this form will be shared with EMAS staff in line with Portsmouth City Council's privacy notice. By signing this form you are acknowledging that parents/carers have consented to this.**

Signed by: _____

Date: _____