

Portage Referral

Portage is for children with a delay of at least 6 months in two areas or more of development or for children who may have SEN or a disability. Portage works in partnership with families to celebrate their child's achievements and to learn how to help their child. Support through home visits helps parents to help their child to learn, develop and grow through weekly activities.

Criteria for referral: Child is 0 - 4 yrs with significant needs or delays in 2 or more areas (at least 1/3rd of age or more, with SEN, additional needs or disability) . The child receives early year's education for less than 15 hrs. Two year old funding exempt.			
Parent signature:		agrees to the referral and Portage sharing or receiving relevant information. Portsmouth City Council complies with the Data Protection Act 1998. By registering these details, the information will be held securely by Portsmouth City Council for recording the support provided to your child and family. Date:	
Name of Referrer:		Role/Base:	
Tel:		Date:	
What is the reason for this referral?			
Child's first name:		Surname:	DoB: M / F
Home language(s):		Ethnicity:	
Address:			
Mother:		Father:	
Mobile(s):		Home tel:	
Email:			
Additional relevant family information inc siblings (with DoB or age):			
Professionals or services involved or referrals made			
Health Visitor:		Base/Tel:	
Paediatrician:		Hospital Consultant(s):	
GP:		Other medical:	
Speech and Language Therapist:		Physiotherapist:	
Occupational Therapist:		Sensory Impairment Team:	
Educational Psychologist:		Social Care:	
Other support (past or present) e.g. Homestart, Toy Library, Stronger Futures			
Have the following been completed or applied for: Disability Living Allowance - Y / No / Applied			
Early Help Assessment - Yes / No Education, Health & Care Plan: Yes / No			
Early year's Education			
Setting name and address:			
Contact person:		Does the setting receive DAF?	
Attendance days and times:			
Has a referral been made to Early Years Panel? Y/N			
Home details (for lone workers safety) e.g. pets/ challenges			

Summarise child's development and medical needs etc. Provide medical reports, an ASQ, or copy of EYP referral.

Health or Medical issues (current and previous):

Motor/Physical stage (fine/gross, mobility) :

Thinking and learning/cognitive/problem solving stage:

Social and Emotional stage:

Self Help/Care and Independence stage:

Speech, Language and Communication stage:

Hearing/ Vision/Sensory needs:

Hearing test

Vision test

Is the child on or considered suitable for the Autism Pathway?

Please note the following steps will take place:

Step 1- the referral is acknowledged by letter. Parents will be invited to any Portage events or may join the Portage Facebook page.

Step 2 - an appointment for an initial visit is offered at a later stage (up to three -four months).

Step 3 -Within six months Portage should commence.

Enquiries Sharon Ensor (Portage Team Leader) T: 02392 834568 Mob: 07958796580

Inclusion Service Admin T: 023 9288 2561 Secure email: Portage@portsmouthcc.gcsx.gov.uk.