Early Years Service Referral Form



**Before completing this form you may find it helpful to look at our information leaflet (found on our website or sent to you on request) whichgives an overview of our Early Years Service. This information should help inform your decision on whether this would be a useful service for you and your child. Additional information can be found on our website or by contacting us by email or by phone for a chat.**

Kate (Service Manager): 07980 702 962 Email: [contact@tailoredfoundation.co.uk](mailto:contact@tailoredfoundation.co.uk) [www.tailoredfoundation.co.uk](http://www.tailoredfoundation.co.uk)

Referral eligibility criteria:

* Child has received a diagnosis of Autism, ASD or other ASD diagnosis
* Family and child reside in City of Edinburgh or East Lothian
* Child is eligible to start their **preschool year** in August 2024 – their date of birth falls between **1 March 2020**and**28 February 2021**

**If you are completing this form in relation to your own child please complete the section on the left. If you are a professional completing this form on behalf of a family, please provide the family’s details on the left, and your own on the right.**

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| --- | --- | --- | --- | --- |
| **About the family** |  | | **If applicable...** |  |
| Contact name |  | | Referrers name |  |
| Relation to child |  | | Job title |  |
| Address |  | | Organisation/service |  |
| Contact number |  | | Address |  |
| Other number |  | | Phone |  |
| Email |  | | Email |  |
| **About the child** | | | Are the family aware you are making this referral? |  |
| Name | |  | | |
| Date of birth | |  | | |
| What diagnosis do they have?  (autism, ASD, learning disability etc) | |  | | |
| Who made this diagnosis? | |  | | |
| When will they start their preschool year? | |  | | |
| **How did you hear about Tailor Ed?** | |  | | |

**Please email your completed form to** [**contact@tailoredfoundation.co.uk**](mailto:contact@tailoredfoundation.co.uk)

**Or post it to Tailor Ed Foundation, 18 Forth Street, Edinburgh, EH1 3LH.**

**We will be in touch within one week to confirm receipt of the referral so please contact us if you don’t hear from us.**

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| **Date received:** |