



LINCOLNSHIRE COUNTY PORTAGE SERVICE  
Grantham and District Portage Service Referral Form



<b>Child's Name:</b>  <b>DOB:</b>  <b>Address:</b>	<b>Name of Parent / Carer:</b>  <b>Email Address:</b> <i>Please provide where possible</i>  <b>Mobile No:</b> <b>Landline No:</b>
--	--

<b>GP:</b>  <b>Tel No:</b>	<b>Health Visitor:</b>  <b>Tel No:</b>	<b>Home Language:</b>
----------------------------------	--	-----------------------

**Please provide:** Names of supporting professionals and details of current involvement and intervention:

Speech and Language Therapist (SALT):  
Physiotherapist:  
Occupational Therapist:  
Community Paediatrician:  
ESCO:  
KIDS:  
SEST:  
Other:

**Reasons for referral and description of difficulties: Please note:**

*To be eligible for Portage a child would be identified as having significant delay in two or more prime areas of their development*

**Please give details on the following areas:**

Communication and Interaction:  
Physical/Sensory:  
Social & Emotional:  
Cognition/Play/Learning:  
Self-Care:

**Name of setting/group child attends and for how many hours:**

**Please provide information on current targets and how these needs are met with the support of the relevant agencies involved.**

**Please note:** *A child who is accessing EY provision and are having their educational needs met regardless of the hours they attend **MAY NOT** meet the criteria for Portage Home Visiting. The outcome of an initial visit will be agreed with the Portage Service lead, and the referrer and parent/carer notified.*

Referred by:

Address:

Email: *Please provide*

Tel no:

Signature:

Date:

Please return this form, with parental permission, to:

Mrs Jane Rose  
Portage Co-ordinator  
Grantham Additional Needs Fellowship  
Ambergate Sports College  
Dysart Road  
Grantham  
Lincolnshire  
NG31 7LP  
[jane.rose@ganf-cit.co.uk](mailto:jane.rose@ganf-cit.co.uk)  
Tel no: 07725 595 375