# SENIF - Special Educational Needs Inclusion Funding Application Form

**TO SUPPORT A CHILD IN EARLY YEARS PROVISION**

*Please read guidance notes before completing this form*

Please confirm that the decision to make this application has been discussed with an external agency (e.g. Early Years SEN Specialist Teacher/Practitioner; Educational Psychologist, SLT)

|  |  |
| --- | --- |
| **Signed** |   |
| **SENCo / Manager**  |  |
| **Date**  |  |

**The funding is available to promote the inclusion by Early Years Providers of children with emerging and presenting SEND.**

The completed form must be shared with parents.

## **Section A – Child’s details**

|  |  |
| --- | --- |
| **Child’s Name** |  |
| **Date of Birth** |  |
| **Child’s Home Address**  |  |
| **Date child started the provision** |  |
| **Additional Information** |  |
| **Is the child Looked After (in Public Care)** | Yes / No |
| **Does the child have English as an Additional Language (EAL)?** | Yes / No |
| **Does the child currently access 2 Year Old Funding?** | Yes / No |
| **Do Parents/carers receive Disability Living Allowance for the child?** | Yes / No |

**Details of the Early Years Provider making this application:**

|  |  |
| --- | --- |
| **Name of Early Years Provision** |  |
| **Address** |  |
| **Contact Name**  |  |
| **Contact Number (Early Years Provision)** |  |
| **Email Address** |  |
| **Ofsted Registration Number** |  |

## **Section B Child’s attendance at Early Years provision – please give times attended**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Are these hours being accessed by a standard offer (38 weeks per year)?** | Yes / No |
| **Are these hours being accessed by a stretched offer (47.5 weeks per year)?\*** | Yes / No |

|  |
| --- |
| **Does the child attend any other Early Years provision? If so please give name(s)** |

## **Section C - Description of child’s Special Education Needs**

## (see guidance notes):

|  |
| --- |
| * *Give name and brief description and implications of any diagnosis the child may have.*
* *Provide concise information on the child’s Personal, Social and Emotional Development (including self-help skills if showing delay, and any behaviour issues); Language and Communication (including how they communicate, levels of understanding and expression and interaction with others) and Physical Development, if child is not within his/her expected age and stage of development. You may wish to include specific ages and stages based on EYFS assessments.*
* *Describe the child’s play skills – solitary/parallel, special interests, preferred activities.*
* *Describe how the child operates within the learning environments, both indoor and outdoor e.g. moving round independently, awareness of routines, awareness of others and of safety.*
* *Explain how the child’s needs impact on his/her access to learning and play opportunities in your setting. Include information on how enhanced staffing would be used to support the child’s inclusion and progress.*
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## **Section D – Assessment within the Early Years Foundation Stage:**

*To be taken using the Walsall EYSEN Assessment Tool*

|  |  |
| --- | --- |
| **Assessment Date** |  |
| **Chronological Age** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Broad Area of Need** | **\*E, D, S** | **Step** | **Age in Months**  |
| **Personal, Social and Mental Health** |  |  |  |
| **Communication and Interaction**  |  |  |  |
| **Independence and Self-Help Skills**  |  |  |  |
| **Physical Development**  |  |  |  |
| **Cognition and Learning**  |  |  |  |

***\*Key: E- Emerging D – Developing S – Secure***

## **Section E - Please give details of any provision which you have made to promote inclusion.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Specific area of difficulty/need** | **Nature of support/intervention** | **Evaluation**  | **Next Steps** |
| *E.g. Area of Learning and aspects* | *Record what you do over and above typical provision to meet the child’s needs e.g. APDR targets; what any additional staff have been used for; differentiation of activities; changes to routine, learning environment or group activities.* | *What impact has this had?**What progress has child made as a result?**What further changes are needed?* | *What will you need to do next? E.g. seek further external advice; increase length of activity/size of group.* |
| *E.g. Personal, Social and Emotional Development: Making relationships and managing feelings and behaviour.* | *We have been using enhanced staffing to implement APDR targets suggested by EYSEN Teacher on choice making and taking turns as part of a small group. X has been supported by an adult in taking turns with 1 other child with adult prompts. Adult support has also been used to promote turn taking during X’s child-initiated play, to try to reduce the incidents of hitting other children.*  | *X is now able to take turns with another child with adult support during a structured activity. Although there has been a reduction in frequency, X will hit other children when in a larger group.* | *To continue to support X during child-initiated play. To develop APDR target to taking turns as part of a small group of up to 3 children with adult support.* |

## **Section F- Support Services involved with the child.**

|  |  |
| --- | --- |
| **Service/Professional** | **Name** |
| **Early Years SEN Specialist Teacher/Practitioner** |  |
| **Educational Psychologist** |  |
| **Sensory support: Teacher of the Deaf or Qualified Teacher of Visually Impaired** |  |
| **Speech and Language Therapist** |  |
| **TAC Referral (WCDC)** |  |
| **Community Paediatrician** |  |
| **Physiotherapist** |  |
| **Occupational Therapist** |  |
| **Health Visitor** |  |
| **Other – please specify** |  |

## **Section G - Details about the child’s learning environment. Please indicate:**

 *Record the number on a typical session the child attends. Record if they are due to move to a different room.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Age.** | **0-2yrs** | **2-3yrs** | **3-4yrs** |
| **No. of children in the child’s room.** |  | *Eg currently 12* | *Eg moving to 24* |
| **No. of staff routinely in this room (do not include staff funded by the local authority).** |  | *3* | *3* |
| **No. of staff already funded by EY Inclusion Fund.**  |  |  | *1* |

## **Section H - What additional provision do you need to make for this child to enable them to fully access the Early Years Foundation Stage?**

 If staffing ratios are enhanced, how will the setting use the additional support?

|  |
| --- |
| *What will the role of the enhanced adult be and who will deliver the support? (role, not name)**Avoid using 1:1 terminology.**Describe any specific parts of session routine where child would benefit from support and what the role of the adult would be e.g. at mealtimes, during outdoor play, on additional transition visits into school etc.**If general support is needed, describe what the adult will be doing to promote inclusion.*  |

## **Section I – Checklist for paperwork to include.**

|  |  |
| --- | --- |
| **Paperwork Copies**  | **√** |
| Notification of concerns/Review of initial concerns  |  |
| Current APDR targets and reviewed APDR cycles  |  |
| 2-year-old progress check (if appropriate)  |  |
| Community Paediatrician report |  |
| EYSEN Teacher report/record |  |
| Educational Psychologist Consultation Record / School Visit Record |  |
| Speech and Language Therapy report / record |  |
| Other specialist report / Parent report |  |

## Section J – Declarations and payment

|  |
| --- |
| Please record here if a request has been made for a statutory assessment. |

**Declaration**

* I confirm that I have read and understood the Guidance Notes and that I accept the conditions attached to any funding made.
* I confirm that I have shared this form with the child’s parents/carers, and they agree with the request for funding.
* I confirm that this application is accurate and any funding granted will be used for the purposes indicated.
* I confirm the child is accessing Early Years Entitlement.
* I am aware that I must keep receipts and evidence of actual expenditure, which may be requested by the LA. I accept that should these not be available or evidence indicates that the grant was not used for the agreed purpose that the grant must be repaid in full.

**Owner/Manager/SENCo:**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Signed** |  |
| **Date** |  |

**Please email applications and supporting evidence to:** **earlyyears@walsall.gov.uk**