****

**Early Years Inclusion Support Funding (EYISF) review to request banding change**

This review can be submitted 3 months and 2 cycles of APDR after EYISF was originally awarded to request a change in banding. The request will be considered at the EYISF and TSF panel meeting.

**Child’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s name** |  | **DOB** |  |
| **Setting name** |  |
| **Date Funding Awarded** |  | **Banding Level****(A, B or C)** |  |

|  |
| --- |
| **How is the funding being used?**(Has the funding been used for staff training, to enhance the adult ratio in the setting, for resources etc) |
|  |

|  |
| --- |
| **What progress has been made towards achieving the outcomes (as stated on application)** |
| **Outcomes stated on application**  | **Progress/impact** **Include has the outcome been ‘*fully, mostly, partly, not*’ met** |
|  |  |
| **Child’s voice** | **Parents/Carers voice** |
|  |  |

|  |
| --- |
| **Which professionals (or new referrals for support) have been involved during the funding period?** |
| **Professional**  |  | **Additional advice / recommendations / additional information on child’s needs** |
| Community Paediatrician  |  |  |
| SALT |  |  |
| Educational Psychologist |  |  |
| Other  |  |  |

|  |
| --- |
| **What are the significant changes in the needs of the child?**  |
|  |

|  |
| --- |
| **What Actions are you planning to take in order to meet the child’s needs in the next 6 months?** |
|  |

**2 cycles of APDR and any professional reports received since the start of funding should be submitted as supporting documentation alongside this request for panel to review banding.**

**By signing this form, you are confirming you are following the Graduated approach (APDR) to support the individual child and have evidence of APDR cycles.**

|  |  |  |
| --- | --- | --- |
| **Practitioner name** | **Practitioner signature** | **Date** |
|  |  |  |
| **Parent/carer name** | **Parent/carer signature** | **Date** |
|  |  |  |

|  |
| --- |
| **Please submit this review form to** **accessandresponse@southglos.gov.uk** |