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**Early Years Inclusion Support Funding (EYISF) and Transition Support Funding (TSF) Review**

This review is due at the end of the funding period.

**Child’s Details**

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

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| **How has the funding been used?**  (Has the funding been used for staff training, to enhance the adult ratio in the setting, for resources etc) |
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| --- | --- |
| **What progress has been made towards achieving the outcomes (as stated on application)** | |
| **Outcomes stated on application** | **Progress/impact at end of funding period**  **Include has the outcome been ‘*fully, mostly, partly, not*’ met** |
|  |  |
| **Child’s voice** | **Parents/Carers voice** |
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| **What assessment tools have you used and what has been the outcome?**  **Has the child achieved GLD? (if in Reception)** |
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| **How Confident are you that the child’s needs have been met using this funding (please highlight)?** |
| Very Confident Satisfied Concerned needs are not met  **Additional Comments:** |

|  |  |
| --- | --- |
| **Next Steps for this child** | |
| **Child’s needs can now be met at SEND support** |  |
| **Further Early Years Inclusion Support Funding is required**  (please submit up to date My Support Plan / APDR with this form) |  |
| **Transition Support Funding request**   * For children currently in receipt of Band B or C funding, please also submit the Transition Support Fund request form. * If a Transition Support Fund request is being made for a child not in receipt of this funding, please complete the Transition Support Fund application. |  |
| **EHCP needs assessment request has been submitted** |  |
| **EHCP needs assessment request will be submitted** |  |

**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** |
|  |  |  |

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| --- |
| **Please submit this review form to** [**accessandresponse@southglos.gov.uk**](mailto:accessandresponse@southglos.gov.uk) |