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**Early Years Inclusion Panel**

**Request Form for Transition Support Funding (TSF)**

**for children in their pre-school year in South Gloucestershire who are not currently receiving EYISF or for children during their Reception Year attending a South Gloucestershire Primary School.**

This request should be discussed as part of the SEND support planning meetings held by educational settings. The child and family must have an opportunity to share their views and aspirations, be involved in the planning, and agree to the request.

When considering if such a request should be made, local guidance on criteria should be considered.

**SECTION 1: Child’s Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s name** |  | **DOB** |  | **Gender** |  |
| **Child’s address including postcode** |  | | | | |
| **Previous funding awarded if applicable** | | **Level of funding** | |  | |
|  | | **Funding period** | |  | |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| **Does the family claim DLA for the child?** |  |  |
| **Is the child eligible for pupil premium?** |  |  |

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| --- | --- | --- | --- |
| **Current setting(s) name** | |  | |
| **Setting start date** |  | **Current hours at setting (per week)** |  |
| **Attendance**  Please *include the child’s pattern of attendance in the setting and adaptations which have been made to support the child’s attendance such as starting later in the morning or attending alternate days.*  *The purpose of this is to enable the receiving school to understand how best to support the child to settle into school.* | | | |
|  | | | |

**SECTION 2: Setting Request Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer Name** |  | **Setting address, including post code** |  |
| **Job title** |  |
| **Contact email address** |  | **Contact telephone number** |  |

**Receiving school details**

|  |  |
| --- | --- |
| **School name and address, including postcode** |  |
| **School Contact name and email address** |  |
| **School SENDCO name and email address (if different to above)** |  |

**SECTION 3: Area of Need**

|  |  |
| --- | --- |
| **Please provide any additional information known of any significant factors relating to their SEND needs**  i.e. health, home/family circumstances, attendance, social relationships.  Please attach copies of any relevant information/advice. | |
|  | |
| **Date of the last SEND Support Planning Meeting / TAC:** |  |
| **Date of last EHAP / social care meeting (if applicable):** |  |

**Child’s strengths and needs** – please make sure that the descriptions of strengths and needs are in line with the evidence provided, assessment levels and attached reports. Non statutory assessment tools can be used to support assessments.

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| --- | --- |
| **Play, Cognition and Learning**  This will include evidence of cognitive development, play skills and function of play, reasoning, organizational and problem-solving skills, approaches and attitudes to learning, independent learning skills and academic skills. Please comment on the regularity and severity of needs | |
| Strengths |  |
| Needs |  |

|  |  |
| --- | --- |
| **Communication and Interaction**  This will include evidence of speech and communication skills, fluency of speech, willingness and/or ability to communicate, functionality of communication vocabulary, expressive and receptive communication. Please comment on the regularity and severity of needs | |
| Strengths |  |
| Needs |  |

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| **Social, Emotional and Mental Health**  This will include evidence of social, emotional responses, including emotional regulation, indoor and outdoor behavior, self-image, confidence and motivation. Ability to develop relationships with adults and peers. Please comment on the regularity and severity of needs | |
| Strengths |  |
| Needs |  |

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| **Sensory and/or Physical Needs**  This will include general health, fine and gross motor skills, vision, hearing. Sensory differences, responses/challenges and adaptions within the environment. Please comment on the regularity and severity of needs | |
| Strengths |  |
| Needs |  |

**SECTION 4: How the funding will be used**

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| --- | --- | --- | --- | --- |
| **Summer Term in Preschool** | | | | |
| **Action / Provision** | **Strategies** | **Person Responsible** | **Date to Complete** | **Additional Comments** |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **School Transition** | | | | |
| **Action / Provision** | **Strategies** | **Person Responsible** | **Date to Complete** | **Additional Comments** |
|  |  |  |  |  |

**Please attach all relevant evidence in support of this application (**see EYISF and TSF Guidance Document for further guidance**)**

**Please do not submit any of the following documentation:**

* Confidential information without appropriate authorisation. For example, a child protection plan, conference notes or any other notes without authorisation.
* Any original documents (please only send copies).
* Any information that includes names/photographs of other children.

**SECTION 5: Consent**

**Pre-school Agreement**

Please tick to acknowledge agreement

The preschool school has liaised with the school and parents and the information has been shared. The needs of the child and the importance of an enhanced transition has been shared and is understood by all.

The preschool has made a commitment to support the transition of the child into the Reception Year at school and will share all information and documentation as part of the enhanced transition process.

|  |  |  |
| --- | --- | --- |
| **Referrer name (preschool)** | **Referrer signature** | **Date** |
|  |  |  |

**Agreement from the receiving school**

Please tick to acknowledge agreement

The school has liaised with the preschool setting and parents and the information has been shared.

The school is making a commitment to support the transition of the child into the Reception Year at school and will review this with the parent at the end of term 1.

The school will follow the graduated response under the code of practice and use the funding to support the child throughout their Reception Year, submitting an evaluation report to the panel at the end of the year.

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| --- | --- | --- |
| **Referrer name (school)** | **Referrer signature** | **Date** |
|  |  |  |

**Parental/carer consent**

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| --- | --- |
|  | **Please tick**  **ü** |
| I confirm that my child’s educational setting has discussed this request with me and I have been fully informed in the decision to make a request for Transition Support funding. |  |
| I support the educational setting’s view that a request for Transition support funding should be considered. |  |
| I understand that I will have an opportunity to be part of the Enhanced supported transition into school meetings to provide further information about my child/young person’s special educational needs. |  |
| I give consent for information to be shared between professionals within South Gloucestershire Council, professionals on the ISF Panel and with health professionals involved in my child’s care for the purposes of an application for Transition support funding and ongoing support |  |
| I have read a copy of the [Privacy Notice](https://sgca.fusionvle.com/get.php?4L24262525C2629__46454242X724__42429285428262327572U25353282XXa24572350) and agree to information it contains |  |

Early Years settings must ensure that parent/s or carer/s signing the form have parental responsibility and that they have given informed consent for the request to be made.

**N.B. IF NOT SIGNED, THIS REQUEST WILL BE RETURNED**

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| --- | --- | --- |
| **Parent/carer name and address (please print)** | **Parent/carer signature** | **Date** |
|  |  |  |

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| **Please submit this form and any supporting documentation and send this to** [**accessandresponse@southglos.gov.uk**](mailto:accessandresponse@southglos.gov.uk) |