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**Early Years Inclusion Support Funding (EYISF) 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)** |  |

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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** |
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| **Child’s voice** | **Parents/Carers voice** |
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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:**  |

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| **Next Steps for this child (please tick ALL that apply)** |
| **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**(please submit an Enhanced Transition Form, including input from school with this form) |  |
| 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 the APDR cycle**

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| **Practitioner name** | **Practitioner signature** | **Date** |
|  |  |  |
| **Parent/carer name** | **Parent/carer signature** | **Date** |
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| **Please submit this review form to your secure setting locker on the VLE****You will need to notify the EYISF panel you have submitted this review by emailing** ISENDSupport@southglos.gov.uk |