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**Early Years Inclusion Panel**

**Exceptional Circumstances Request: School**

It is expected that the vast majority of requests for Early Years Transition Support Funding (TSF) will be examined in relation to the evidence received. However, in exceptional circumstances it may be necessary to request additional Support Funding without the evidence of actions taken by an early years setting.

These circumstances include:

* The child (and family) has recently moved into South Gloucestershire with a documented history of significant or highly complex learning needs.
* The child hasn’t previously attended an Early Years setting and has recognised needs which cannot be met at SEND support using delegated notional funding.
* An unexpected/sudden and significant special educational need which occurred as a result of a medical condition, an accident, emotional abuse or trauma.
* Some children with highly complex special educational needs and/or disabilities (e.g. physical/medical needs) will require support as soon as they start school. The child’s needs are so significant that they are likely to require immediate support, aid or adaptations over and above that normally available through the graduated approach at SEND Support. We would expect parents, carers, school staff and professionals to work together to gather relevant supporting information such as one page profile, specialist reports, health care plan (if applicable) and relevant assessments. Please refer to Guidance for Early Years Settings, Parent and Professionals to support the induction of a child with more complex developmental and sensory needs to access an Early Years Setting.

If you are planning to make such request, you will need to discuss this with an Early Years Advisor who will be able to help shape your planning for the child and consider if an exceptional circumstances application is appropriate.  Please note the final decision re the funding being allocated rests with the Panel and will be based on the evidence provided with the application.

The purpose of the short term funding (6 months) is to support the child to transition into school and to enable the school to follow the graduated approach to ascertain the severity of needs. Having worked through support plans for the child and gathered the appropriate information following the graduated approach over time, the school can then plan to meet the needs of the child (at SEND support or through an EHCP needs assessment request made through the usual route).

Please note the allocation of Exceptional Circumstances funding does not guarantee any further additional funding, the school will still need to demonstrate the needs of the child having followed the graduated response.



**Exceptional Circumstances TSF Application Form**

**SECTION 1: Child’s Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s name** |  | **DOB** |  | **Gender** |  |
| **Child’s address including postcode** |  | | | | |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Does the family claim DLA for the child?** |  |  |
| **Did the child attend an Early Years setting?** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Previous Early Years setting(s) name** | |  | | | |
| **Setting start date** |  | **Hours per week the child attended** |  | **Term time only or all year round** |  |

**SECTION 2: School Request Details**

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

**SECTION 3: Primary Need**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please provide more specificity by indicating areas of need that apply, using a ranking order with 1 showing the primary area of need:** | | | | | |
| **Speech, Language and Communication (SLCN)** |  | **Social, Emotional and Mental Health (SEMH)** |  | **Hearing Impairment (HI)** |  |
| **Autistic Spectrum Disorder**  **(ASD)** |  | **Sensory and/or Physical Disability (PD)** |  | **Visual Impairment**  **(VI)** |  |
| **Cognition, Play and Learning** |  | **Other, provide details:** |  | |  |

|  |  |  |
| --- | --- | --- |
| **Other professionals involved with the child**  ***Please list all of the professionals currently involved with the child*** | | |
| **Role** | **Name** | **Report attached**  **Y/N** |
|  |  |  |

|  |
| --- |
| **Description of needs**  ***This should include information from other professionals involved with the child*** |
|  |

|  |
| --- |
| **How will the child be supported?**  ***Please indicate how you have planned an enhanced transition for the child into school to support their needs and ensure the child is able to access their full-time hours at the end of the transition period.***  ***Consider adult support, the environment, routines etc***  ***Support will be above SEND support, inclusive practice and provision*** |
|  |

|  |
| --- |
| **Why is an exceptional circumstances application required?**  ***What additional support is needed above SEND support, inclusive practice and provision to meet the needs of the child?***  ***This can be documented on My support plan / Provision Map*** |
|  |

**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 4: Consent**

School 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**

|  |  |  |
| --- | --- | --- |
| **Referrer name** | **Referrer signature** | **Date** |
|  |  |  |

|  |  |
| --- | --- |
| **Parental/carer consent** | **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 Inclusion support funding.** |  |
| **I support the educational setting’s view that a request for Inclusion support funding should be considered.** |  |
| **I understand that I will be updated on the outcome of the application and continue to be involved in the support and planning 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 Inclusion 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.** |  |

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

**Please upload this form to your secure locker on the VLE**

**Please notify the panel administrator of this request by email:**

[ISENDSupport@southglos.gov.uk](mailto:ISENDSupport@southglos.gov.uk)