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**Early Years Inclusion Panel**

**Request Form for Early Years Inclusion Support funding (EYISF)**

**for children aged 9 months – 4 years attending an Early Years setting in South Gloucestershire**

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| **Requests can be made for children who attend a setting in South Gloucestershire** **Requests can be made by Early Years Setting Practitioners**  |

This request should be discussed as part of the SEN 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**

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

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|  | **Yes** | **No** |
| **Does the family claim DLA for the child?** |  |  |
| **Is / was the child eligible for Two-Year-Old Funding?** |  |  |

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| **Current setting(s) name** |  |
| **Setting start date** |  | **Hours per week the child will attend** |  | **Term time only or all year round** |  |
| **Previous setting attended** |  | **Current NEG hours claimed over 38-week period** |  | **Any previous funding allocated – provide details** |  |

**SECTION 2: Setting Request Details**

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| **Referrer name** |  | **Setting address, including postcode** |  |
| **Job title** |  |
| **Contact email address** |  | **Contact telephone number** |  |

**SECTION 3: Primary Need**

**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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| **Please indicate the prime area of need by ticking ONE box only** |
| **Social Communication / ASD** |  | **Social, Emotional and Mental Health (SEMH)** |  | **Physical Disability or Impairment**  |  |
| **Cognition, Play and Learning** |  | **Sensory**  |  | **Other – provide details:** |  |

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| **Please provide any additional information known of any significant factors relating to their SEND needs** ***i.e. health, home/family circumstances, attendance, social relationships. Additional support for the family.******Please attach copies of any relevant information/advice. Referrals made to support the family. EHAP, Families Plus / HV / Social services support previously or currently in place.*** |
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| **Date of the last SEND Support Planning Meeting /TAC:** |  |
| **Date of last EHAP / social care meeting (if applicable):** |  |

**Strengths and Needs, including the impact on the child’s development**

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

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| **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. Including social communication and social interaction with adults and peers. Please comment on the regularity and severity of needs and how it impacts on their learning and development***  |
| **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 and how it impacts on their learning and development.*** |
| **Strengths** |  |
| **Needs** |  |

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| **Sensory and/or Physical Needs, Independence and self-care skills*****This will include general health, including medical needs. Fine and gross motor skills, vision, hearing. Sensory differences, responses/challenges and adaptions within the environment. Independence and self-care skills. Please comment on the regularity and severity of needs and how it impacts on their learning and development.*** |
| **Strengths** |  |
| **Needs** |  |

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

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| **How will you further support the child with additional funding?*****Evidence can be documented on a current provision map and predicted provision map******(This is expected to be above good inclusive practice to support children with SEND)******Outcomes for the child at the end of funding period (1 year), under the identified areas of need*** |
| **Provision, interventions and strategies** | **Outcomes for the child at the end of the funding period** |
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**Please attach all relevant evidence in support of this application (**see EYISF and TSF Guidance Document for further guidance**)**

**SECTION 5: Consent**

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

**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.

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

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| **Referrer name** | **Referrer signature** | **Date** |
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| **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.**  |  |

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| **Parent/carer name and address (please print)** | **Parent/carer signature** | **Date** |
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| **Referrer - Please submit this form and additional documents to support your application to your secure locker on the VLE****You will need to notify the EYISF panel you are making a request by emailing** ISENDSupport@southglos.gov.uk |