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**Early Years Inclusion Support Funding (EYISF) 6 Month Review**

This review is due 6 months after EYISF was awarded to monitor the impact and progress to date and to support you to plan for the remainder 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 is the funding being 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 6 months** **Include has the outcome been ‘*fully, mostly, partly, not*’ met** |
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| **Child’s voice** | **Parents/Carers voice** |
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| **Which professionals (or new referrals for support) have been involved during the funding period?** |
| **Professional**  |  | **Additional advice / recommendations / additional information on child’s needs** |
| Community Paediatrician  |  |  |
| SALT |  |  |
| Educational Psychologist |  |  |
| Other  |  |  |

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| **How Confident are you that the child’s needs are being met using this funding (please highlight)?** |
| Very Confident Satisfied Concerned needs are not met**Additional Comments:**  |

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| **Are there any significant changes in the needs of the child?**  |
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| **What Actions are you planning to take in order to meet the child’s needs in the next 6 months?** |
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**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.**

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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 |