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| **Request for Early Education Inclusion Funding** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of provider | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Traded name | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of provider | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Postcode | | | | | |  | | | | | |
| Name of person completing this form | | | | |  | | | | | | | | | | | | | | | | | Role | | | | | | | |  | | | | | | | | | | | |
| Date of request | | | | |  | | | | | | | | | | | | | | | | | Application number | | | | | | | | | | | | | |  | | | | | |
| **Child’s Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Surname | | | | |  | | | | | | | | | | | | | | Legal Forename | | | | | | | | | | |  | | | | | | | | | | | |
| Preferred name | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | | | | |  | | | | | | | | | | | | | | Age in months | | | |  | | | | | | | Date started in provision | | | | | |  | | | | | |
| Child’s address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Postcode | | | | | |  | | | | | |
| Name or Parents / Carers | | | | | Mother | | | |  | | | | | | | | | | | | | | | | | | | | | Address of parents / carers if different from above | | | | | |  | | | | | |
| Father | | | |  | | | | | | | | | | | | | | | | | | | | |
| Carer | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Funding** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of hours attending provision each week | | | | | | | |  | | | | Is the child eligible for 2-year funding/30 hours funding (if so, how many hours of their attendance does this account for?) | | | | | | | | | | | |  | | | | Number of hours requested for Inclusion funding | | | | | | | | | | | | |  |
| **Sessions attending** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monday | | | | | Tuesday | | | | | | | | | | | Wednesday | | | | | | | | | | Thursday | | | | | | | | | Friday | | | | | | |
| Start | | | End | | Start | | | | | End | | | | | | Start | | | | End | | | | | | Start | | | | | | End | | | Start | | | | End | | |
|  | | |  | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | | | |  | | |  | | | |  | | |
| Term time only | | | | | | |  | | | | | | | | | | | | | Stretched offer | | | | | | | | | | | | | |  | | | | | | | |
| Expected date of transition to another provider | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Name of expected provider / school | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Does the provision receive Early Years Pupil Premium for this child? If so, how has this funding been used? | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Is the child in receipt of Disability Living Allowance? | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | If applicable, has Disability Access Fund been claimed? | | | | | | | | | | | | | | | Yes / No | |
| I, the provider, confirm; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Please tick | | | |
| The child receives professionals’ support / agency interventions to support their additional need/disability or is in receipt of Disability Living Allowance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| The application has been agreed with the parent/carer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| The application has been discussed with the EYFS Area SENCO Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| The Inclusion Funding claimed will be used to ensure inclusive practice for the above mentioned child | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| An action plan is completed identifying (if appropriate) how inclusion funding will be used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Permissions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Providers signature | | | |  | | | | | | | | | Name | | | | | | | |  | | | | | | | | | | | | | | Date | | |  | | | |
| Parents signature | | | |  | | | | | | | | | Parents name | | | | | | | |  | | | | | | | | | | | | | | Date | | |  | | | |
| EYFS Area SENCO | | | |  | | | | | | | | | Signature | | | | | | | |  | | | | | | | | | | | | | | Date | | |  | | | |
| 1 | Details of child’s special educational/additional need/disability including medical conditions. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Please provide an overview of the child’s current levels of development in the three prime areas, this may include the EYFS development matters, the 1-10 continuum. Where possible please include the previous terms data. | | | | | | | | | | | | | | This term | | | | | | | | | | | | | | Previous term | | | | | | | | | | | | |
| PSE | | MR | |  | | | | | | | | | | PSE | | | | MR | |  | | | | | | |
| SC | |  | | | | | | | | | | SC | |  | | | | | | |
| MFB | |  | | | | | | | | | | MFB | |  | | | | | | |
| C&L | | U | |  | | | | | | | | | | C&L | | | | U | |  | | | | | | |
| L&A | |  | | | | | | | | | | L&A | |  | | | | | | |
| S | |  | | | | | | | | | | S | |  | | | | | | |
| PD | | MH | |  | | | | | | | | | | PD | | | | MH | |  | | | | | | |
| HSC | |  | | | | | | | | | | HSC | |  | | | | | | |
| 3 | Please provide any additional information regarding the child’s development and their preferred style of learning (characteristics of effective learning). | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Please outline the support, strategies and adaptations you have already put in place to meet the child’s need(s) prior to this application, using the Graduated Approach (Assess, Plan, Do, Review); which is over and above what is being delivered to other children in the provision of a similar age and stage of development. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Explain the child’s response to these strategies and what the impact and outcome has been.  (Please attach supporting evidence) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please describe the nature of the child’s difficulties and/or presenting special educational needs; how this creates a barrier to their inclusion and how do you intend to use the Inclusion Funding to improve outcomes for the child. Please give specific targets, anticipated outcomes and how you plan to achieve these (please complete a minimum to three targets).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identified need   (and the barrier to the child’s learning) | | | | | | | | | | | Suggested Outcome  (what should the child be able  to do at the end of the period of funding) | | | | | | | | | | | | | | | | Strategies   How will the funding be used **over and above** to support the suggested | | | | | | | | | | | | | | |
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|  | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Parents / Carers views of child’s needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s view of their progress, what they like / do not like, what are they confident in doing etc... as shown through their responses to activities and people. E.g., Look at me, child’s work, Early years support passport. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other professionals involved, please attach reports** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agency | | | | | | Name | | | | | | | | | | | | Contact number | | | | | | | | | | | | | Date of first involvement | | | | | | Date of next appointment | | | | |
| Health Visitor / CNN | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | |
| Children’s Centre | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | |
| Children’s Community Nursing Team | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | |
| Speech and Language Therapist | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | |
| Consultant | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | |
| Paediatrician | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | |
| Occupational Therapy | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | |
| Physiotherapy | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | |
| Portage | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | |
| Behaviour support  2-12 | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | |
| Autistic Spectrum Education Team | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | |
| Specialist Teaching teams  VI / HI / PD | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | |
| Disabled Children service | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | |
| Any other service (please name) | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | |
| **Early Help (please attach)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Early Help Assessment | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lead Professional | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Next review due | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Checklist of Supporting Evidence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Essential** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Early Identification Assessment Summary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Outcome Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Evidence of Graduated Approach (Assess, Plan, Do and review) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Examples of SEN monitoring sheets to demonstrate rate of progress | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Early Help | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Supporting evidence from other professionals or agencies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | EYFS monitoring sheets | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | View of child | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | View of parents / carers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | For subsequent requests please include evidence of the impact of your last programme of intervention (evaluation form) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If appropriate, please include** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Overview of 1-10 continuum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Two-year integrated assessment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Behaviour monitoring in given area(s) of need | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Your transition plan if the child is changing provision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Desirable** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Communication records | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Examples of child’s own work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Any relevant additional information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please return the completed application form with all supporting documentation to:  [NLPortage@northlincs.gov.uk](mailto:NLPortage@northlincs.gov.uk) via MOVEIT  The inclusion funding will be reviewed regularly, and an evaluation of the impact must be attached to any further applications. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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