

## REQUEST FOR EY SEND SUPPORT FUNDING -EY1

<b>Name of child:</b>		<b>Date of birth:</b>				
<b>Address of child:</b>						
<b>Is the child in care? (please tick)</b>	<b>Yes</b>	<b>No</b>	<b>Is this a protected address?</b>	<b>Yes</b>	<b>No</b>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Name of parent/carer:</b>						
<b>Address if different from above:</b>			<b>Parent/carer email address:</b>			
<b>Current/proposed Early Years provider:</b>						
<b>Email address and telephone number of EY Provider:</b>						
<b>Start date at setting:</b>						
<b>Pattern and times of attendance</b>						
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>		
Arrival time:	Arrival time:	Arrival time:	Arrival time:	Arrival time:		
Departure time:	Departure time:	Departure time:	Departure time:	Departure time:		
<b>Type of Attendance – tick applicable ✓</b>						
<input type="checkbox"/> Under 2s 15hrs	<input type="checkbox"/> Under 2s 30 hrs	<input type="checkbox"/> 2s play& learn	<input type="checkbox"/> 2s (15 hrs)	<input type="checkbox"/> 2s (30 hrs)	<input type="checkbox"/> 3-4s (15 hrs)	<input type="checkbox"/> 3-4s (30 hrs)
<b>Has the child delayed/deferred entry to reception class</b>			<b>Yes</b>	<b>No</b>		
			<input type="checkbox"/>	<input type="checkbox"/>		
<b>Is the child in receipt of DLA? (please tick)</b>			<b>Yes</b>	<b>No</b>		
			<input type="checkbox"/>	<input type="checkbox"/>		
<b>Have you claimed Disability Access Funding?</b>			<b>Yes</b>	<b>No</b>		
			<input type="checkbox"/>	<input type="checkbox"/>		
<b>If yes, briefly describe the provision or resources provided</b>						
<b>Briefly describe the child's strengths and interests</b>						

**Overview of Child's Needs and how this relates to their education: ( E.g. Social Communication Difficulties)**

**Parent/Carer View:**

**Assessment information: Must be completed in line with guidance provided.**

On entry date:	Communication & language.		Physical development		Personal, social & emotional development		Cognition & learning	
	On entry	Current	On entry	Current	On entry	Current	On entry	Current
0-6 months								
6-12 months								
12-18 months								
18-24 months								
24-30 months								
30-36 months								
36-42 months								
42-48 months								
Additional comments and reflections.								

**Background information**

Family Context and history including health and/or social care involvement and any other relevant information.

**Chronology**

Date	Who (professional/team)	Actions by EY Setting/professional	Outcome/Impact?

**How do you support the child currently within your ordinarily available provision for all children?**

**What additional support do you already provide (reasonable adjustments) for the child?**

**What additional provision will be delivered through EY SEND Support funding?**

Essential information required	Provided ✓
Reviewed SEND Support plan(s)	<input type="checkbox"/>
Reports from other professionals where available and permission for sharing has been obtained.	<input type="checkbox"/>
Individual Healthcare Plan (IHP) where applicable	<input type="checkbox"/>

**EY SEND Support being requested** **Tick ✓**

High needs support funding for a child within their learning environment.	<input type="checkbox"/>
Specialist Equipment – Quotation must be included <i>and supported by a relevant professional.</i>	<input type="checkbox"/>
Support visit/consultation from EY SEND Equalities and Inclusion Team	<input type="checkbox"/>
Request for Educational Psychology involvement (NB Please ensure additional consent signature is obtained)	<input type="checkbox"/>

<b>Name of referrer:</b>			
<b>Role:</b>			
<b>Signature:</b>		<b>Date:</b>	

I/we agree with the information provided by my child's nursery/setting and give permission for the Local Authority to use the information to consider the requests outlined above. This may include sharing information with NHS partner organisations in order to secure further information, advice or support.

<b>Name of Parent/Carer giving consent:</b>			
<b>Signature of Parent/Carer:</b>		<b>Date:</b>	

I/we agree for this information to be stored and shared electronically, and where I have requested **Educational Psychology involvement** an electronic and/or paper record being held by the Educational Psychology Service.

<b>Name of Parent/Carer giving consent for Educational Psychology involvement:</b>			
<b>Signature of Parent/Carer:</b>		<b>Date:</b>	

<b>Application Outcome Notification.</b> Please enter the name and email address of the person to whom the application outcome should be sent.
<b>Contact Name:</b>
<b>Email Address:</b>

### Contact details and return details

Email: [earlyyearssend@durham.gov.uk](mailto:earlyyearssend@durham.gov.uk)

Address:  
 Early Years SEND Panel  
 Performance and Standards  
 Education and Skills  
 Durham County Council  
 County Hall  
 Durham  
 DH1 5UJ