|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REQUEST FOR EY SEND Inclusion Funding - A1** | | | | | | | | | | | | | | |
| **Name of child:** | |  | | | | | | **Date of birth:** | |  | | | | |
| **Address of child:** | |  | | | | | | | | | | | | |
| **Is the child in care? (please tick)** | | | **Yes** | | **No** | | | **Is this a protected address?** | | **Yes** | | | **No** | |
|  | |  | | |  | | |  | |
| **Name of parent/carer:** | | |  | | | | | | | | | | | |
| **Address if different from above:** | |  | | | | | | **Parent/carer email address:** | |  | | | | |
| **Current/proposed Early Years provider:** | | | | | | | |  | | | | | | |
| **Email address and telephone number of EY Provider:** | | | | | | | |  | | | | | | |
| **Start date at setting:** | | | | | | | |  | | | | | | |
| **Pattern and times of attendance** | | | | | | | | | | | | | | |
| **Monday** | | **Tuesday** | | | | **Wednesday** | | **Thursday** | | | | **Friday** | | |
| Arrival time: | | Arrival time: | | | | Arrival time: | | Arrival time: | | | | Arrival time: | | |
| Departure time: | | Departure time: | | | | Departure time: | | Departure time: | | | | Departure time: | | |
| **Type of Attendance – tick applicable ü** | | | | | | | | | | | | | | |
| Under 2s 15hrs | Under 2s 30 hrs | | | 2s play& learn | | | 2s (15 hrs) | | 2s (30 hrs) | | 3-4s (15 hrs) | | | 3-4s (30 hrs) |
| **Has the child delayed/deferred their entry to Reception class?** | | | | | | | | | | | | | | |
| **Is the child in receipt of DLA? (please tick)** | | | | | | | | **Yes** | | | | **No** | | |
|  | | | |  | | |
| **Have you claimed Disability Access Funding?** | | | | | | | | **Yes** | | | | **No** | | |
|  | | | |  | | |
| **If yes, briefly describe the provision or resources provided** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Assessment information** | | | | | | | | | | |
| **On entry date:** | **Communication & language.** | | | **Physical development** | | **Personal, social & emotional development** | | | **Cognition & learning** | |
| **Current date:** | **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** |  |  | |  |  |  |  | |  |  |
| **Overview of child’s presenting low and/or emerging need** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Describe your ordinarily available provision relevant to this application?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Intervention Plan** | | | | | | | | | | |
| **What are you going to do?**  **(provision & resources)** | | | **When will this intervention happen?**  **(frequency and duration,** | | | | | **Who will deliver the intervention?**  **(staffing requirements)** | | |
|  | | |  | | | | |  | | |

|  |  |
| --- | --- |
| **Essential:** | √ |
| **Short note/Current SEN Support Plan** |  |

**Setting declaration**

* I have discussed this request with parents/carers/those with parental responsibility and shared the Inclusion Fund Guidance.
* I confirm that I have read and understood the EY SEND Funding Guidance and that I accept the conditions attached to any funding made.
* I confirm that this application is accurate, and any funding granted will be used for the purposes indicated.

Owner/Manager/SENCo:

Name: ……………………………………………… Signed: ………………………………………

Position: …………………………………….……… Date: …………………................................