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| **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?** |
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| **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)**  |
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| **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: …………………................................