EY SEND 2YO SEND Non-FEEE Review Form – CONFIDENTIAL

Form and supporting evidence to be sent to [EYSEND.Panel@walthamforest.gov.uk](mailto:EYSEND.Panel@walthamforest.gov.uk)

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| **Section 1** | **Referrer Details** | |
| **Name of school/childcare provider and DfE/Ofsted registration number** | |  |
| **Referrers name and job role** | |  |
| **Email address** | |  |

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| **Section 2** | **Eligibility** *\*Yes the child is eligible for FEEE do not complete this form, send any evidence to* [*childcare@walthamforest.gov.uk*](mailto:childcare@walthamforest.gov.uk) | | | | |
| **If child is aged 2, are they now eligible for a 2 year old FEEE due to any changes in circumstances?** | | Yes  \*See above | No | **Eligibility check code**  *must be checked* |  |
| **Has an application been made for DLA?** | | Yes | No | **Date of application** |  |
| **Is the child in receipt of Disability Living Allowance (DLA)?** | | Yes  \*See above | No |

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| **Section 3** | **Child’s Details** | | | | | | | | |
| **Child’s Full Name** | |  | | **Gender** |  | **D.O.B** |  | **Age in months** |  |
| **Address and postcode** | | |  | | | | | | |

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| **Section 4** | **Child at Setting** | | | | | | | | | | | |
| **Start date at setting** | |  | **Attendance hours** | | | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** | **Weekly Total** | |
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| **What additional reports/documents have the parents/carers provided the setting at childcare start date?** *Select all those that apply* | | | | | | | | | | | | |
| **No documentation** | | | |  | 2YO Health Check (ASQ3) | | | | | | |  |
| Speech and Language Therapy Report | | | |  | Eligibility letter from 2YO Childcare Panel | | | | | | |  |
| Early Years Home Visitor Support Plan | | | |  | Educational Psychology Report | | | | | | |  |
| Medical Reports  *Please specify:* | | | |  | Other  *Please specify:* | | | | | | |  |

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| **Section 5** | **Child’s SEND Status** | | | | |
| **Has a referral been made to health?** | | Yes | No | **Health service and date of referral** |  |
| **Does the child have a SEND diagnosis?** | | Yes | No | **SEND Diagnosis**  *Evidence to be sent* |  |
| **Has the child their child’s 24 – 30 Month Health Review, via the Health Visiting Team?** | | Yes | No | **Date of Health Review** |  |
| **Is the child in receipt of LBWF Early Years SEND home visiting service?** | | Yes | No | **Start date with service and name of home visitor** |  |
| **Has EHCP referral been made?** | | Yes | No | **Date of referral** |  |

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| **Section 6** | **Potential family needs** |
| **Provide details of the child’s home life and families background**  *Parents, siblings, family members living in the household, other relevant information identified– any services/activates the family were signpost to and attended should be included in section 6* | |
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| **Section 7** | **Services and Activities Accessed** | | | | | |
| **List services/activities that are or have been accessed by the family.**  *Stay and Play, Somewhere to Belong, HENRY, Wood Street Health Centre, Health – SaLT/SACC, EY Home Visiting Service, Children and family centres, parent groups , Early Help, recreational groups/activities – add rows as necessary.* | | | | | | |
| **Activity/Service** | | **Service Provider** | **Start date** | **Frequency** | **No. of sessions attended** | **Outcomes for the child or family** |
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| **Section 8** | **Current Level of Development in the EYFS Prime Areas** *– in line with* [*Development Matters*](https://www.foundationyears.org.uk/files/2012/03/Development-Matters-FINAL-PRINT-AMENDED.pdf) | | | | | | | | |
| *Write developing, working, secure and mark X in the developmental level for each prime area* | | **Developing - Working - Secure** | | **0-11** | **8-20** | **16-26** | **22-36** | **30-50** | **40-60** |
| **Communication and Language** | |  | |  |  |  |  |  |  |
| **Physical** | |  | |  |  |  |  |  |  |
| **Personal, Social and Emotional** | |  | |  |  |  |  |  |  |
| **Summarise the child’s development since beginning at the setting:** | | | **Summarise any ongoing concerns regarding the child’s development:** | | | | | | |
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| **Section 9** | **Funding Application** |
| **Summarise what the current 2YO SEND Non-FEEE funding is currently being used for to support the child’s learning and development. Outline the impact the funding has had on the child’s learning and development.** | |
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| **Write a rationale of what the funding will be used for onwards and the expected impact for the child continuing to receive the funding.** | |
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| **Section 10** | **Parental Consent** | | | | | | |
| By signing this document, I consent to:   * the information contained in this report and the attached reports to be shared with the Local Authorities Early Years and Childcare Team. * sharing my child’s information with relevant education and health services professionals for the purpose of obtaining a full package of advice and services that my child might need. | | | | | | | |
| **Parent/Carer Signature** | |  | | **Date** | | |  |
| **Parent Full Name** | |  | | **Relationship to child** | | |  |
| **Parent/Carer Contact details** | | Telephone |  | | Email |  | |

**Supporting documentation must be sent with this application including**:

* Child’s Health Review/ASQ
* Evidence FEEE eligibility check has been carried out [www.walthamforest.gov.uk/eychecker](http://www.walthamforest.gov.uk/eychecker)
* Current Support Plan
* Staturory 2YO Progress Check
* Any letters and information from Health Services