EY SEND Inclusion Fund (SENIF) Review Form – CONFIDENTIAL

SENIF Guidance must be read before completing this form. 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 This form is to review current SENIF and to apply for a continuation of funding.*** | |
| **Name of school/childcare provider and DfE/Ofsted registration number** | |  |
| **Referrers name and job role** | |  |
| **Email address** | |  |

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| **Section 2** | **Child’s Details** | | | | | | | | |
| **Child’s Full Name** | |  | | **Gender** |  | **D.O.B** |  | **Age in months** |  |
| **Address and postcode** | | |  | | | | | | |

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| **Section 3** | **Child’s Home Life** |
| **Provide details of the child’s home life and families background** | |
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| **Section 4** | **Child at Setting** | | | | | | | | | | | |
| **FEEE Eligibility** | | 2YO FEEE 15hrs | | | 3YO FEEE 15hrs | | | | 3YO FEEE 30hrs | | |
| **Start date at setting** | |  | | | **Eligibility Code** *must be included* | | | | |  | |
| **Attendance hours** | | **Mon** | **Tues** | **Wed** | | **Thur** | **Fri** | **Weekly Total** | | |
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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 an EHCP referral been made?** | | Yes | No | **Date of EHCP referral** |  | |

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| **Section 6** | **EYPP, DLA & DAF Funding Eligibility** | | | | | | | | | |
| **Is the child eligible for EYPP?** | | Yes | No | **Date of EYPP check** *must be checked* | | |  | | |
| **Has an application been made for DLA?** | | Yes | No | **Date of DLA application** | | |  | | |
| **Is the child in receipt of DLA?** | | Yes | No | **DLA Level** | High | Medium | | Low |
| **Has DAF funding been applied for?** | | Yes | No |

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| **Section 7** | **Services and Activities Accessed** | | | | | |
| **List services/activities that are or have been accessed by the family and the setting.**  *Stay and Play, Somewhere to Belong, HENRY, Wood Street Health Centre, Health – SaLT/SACC, EY Home Visiting Service, Staff training, Children and family centres, parent groups , Early Help, recreational groups/activities – add rows as necessary.* | | | | | | |
| **Activity/Service** | | **Service Provider** | **Dates** | **Frequency** | **Costing** | **Funded by** |
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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 receiving SENIF:** | | | **Summarise any ongoing concerns regarding the child’s development:** | | | | | | |
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| **Section 9** | **Funding** | | | | | |
| **Current level of funding** | |  | **Start date funding** |  | **End date funding** |  |
| **Summarise what the current funding is 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 and SEND Inclusion Fund panel in order to apply for additional funding to support my child. * 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 |  | |