SENIF Panel Review Form - CONFIDENTIAL

For FEEE children who have previously been approved at the SENIF Panel

Areas in **Purple** to be completed by Provider and returned to EYSEND.Panel@walthamforest.gov.uk

**Section 1**

Referral **MUST** be made by the childcare provider where the child is attending childcare provision

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| **1A Referrer Details: if child is currently attending a childcare provision** |
| **Name of childcare provider** |  |
| **Childcare Providers OFSTED registration number** |  |
| **Contact name and job title**SENCO or Child’s Key Worker |  |
| **Telephone number** |  |
| **Email address** |  |

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| **1B Referrer details: if child is not currently attending a childcare provision** |
| **Referrers name and job role**Child’s Lead Professional on LBWF framework system |  |
| **Address and postcode** |  |
| **Telephone number** |  |
| **Email address** |  |

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| **1C Single or Group Application** |
| **Type of application** | Single Child [ ]  | Group of Children [ ]  |
| **If Group Application, specify application number** If 4 children - Application numbers would be 1 of 4, 2 of 4, 3 of 4 and 4 of 4. | Application No \_ **of** \_ |

**Section 2**

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| **2A Child’s Details** |
| **Child’s Full Name**  |  | **Gender** |  |
| **Date of birth** |  | **Age in months** |  |

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| **2B Child at Setting** |
| **Date Child started at setting** |  |
| **Attendance hours** | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** | **Weekly Total** |
|  |  |  |  |  |  |
| **FEEE Eligibility** | 2YO FEEE 15hrs [ ]  | 3YO FEEE 15hrs [ ]  | 3YO FEEE 30hrs [ ]  | Eligibility code: |
| **Funding Eligibility** | **EYPP**Yes [ ]  No [ ]  | **DLA**Yes [ ]  No [ ]  | **DAF**Yes [ ]  No [ ]  |

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| **2C SEND Status** |
| **Does the child have a SEND diagnosis?**Supporting documentation must be sent as evidence**.** | Yes [ ]  | No [ ]  | SEND Diagnosis: |
| **Has the child been referred to any specialist service?**E.g. Health, SACC | Yes [ ]  | No [ ]  | Name of specialist service:Date of referral: |
| **Has EHCP referral been made?** | Yes [ ]  | No [ ]  | Date of application: |

**Section 3**

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| **3A Current Attainment and Summary of Concerns** |
| In the three areas below, indicate child’s attainment in line with [Development Matters](https://www.foundationyears.org.uk/files/2012/03/Development-Matters-FINAL-PRINT-AMENDED.pdf) indicators Mark **X** in the relevant box to show child’s attainment when SENIF funding was **FIRST** applied for. Mark **O** in the relevant box to show child’s **CURRENT** attainment at setting. |

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| **Communication and Language** (D= Developing, W = Working within S= Secure) |
| **0-11 months** | **8-20 months** | **16-26 months** | **22-36 months** | **30-50 months** | **40-60 months** |
| **D** | **W** | **S** | **D** | **W** | **S** | **D** | **W** | **S** | **D** | **W** | **S** | **D** | **W** | **S** | **D** | **W** | **S** |
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| **Provide summary of the child’s development while being at the setting:** | **Provide summary of any ongoing concerns regarding the child’s development:**  |
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| **Physical Development** (D= Developing, W = Working within S= Secure) |
| **0-11 months** | **8-20 months** | **16-26 months** | **22-36 months** | **30-50 months** | **40-60 months** |
| **D** | **W** | **S** | **D** | **W** | **S** | **D** | **W** | **S** | **D** | **W** | **S** | **D** | **W** | **S** | **D** | **W** | **S** |
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| **Provide summary of the child’s development while being at the setting:** | **Provide summary of any ongoing concerns regarding the child’s development:**  |
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| **Personal, Social and Emotional Development** (D= Developing, W = Working within S= Secure) |
| **0-11 months** | **8-20 months** | **16-26 months** | **22-36 months** | **30-50 months** | **40-60 months** |
| **D** | **W** | **S** | **D** | **W** | **S** | **D** | **W** | **S** | **D** | **W** | **S** | **D** | **W** | **S** | **D** | **W** | **S** |
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| **Provide summary of the child’s development while being at the setting:** | **Provide summary of any ongoing concerns regarding the child’s development:**  |
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| **3B Services and Activities**  |
| **Provide details of the services/activities that are currently being accessed by the family to support the child’s development**(e.g. health, children & family centres, early help, private and voluntary sector providers and the parents own input) |
| **Service description**(name)  | **Service Provider**  | **Start date** (approx.) | **End date**(if applicable) | **Frequency** **e.g. once a week** | **Duration e.g. 2 hours** | **Cost per session** | **Funded by**e.g. Parent, free |
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| **Provide details of the services/activities that are currently being accessed/provided by the setting to support child’s development**(e.g. EPs, SaLT, All Talk, Staff training, additional resources) |
| **A. Early Years funding formula base rate** | **£4.85 per hour** | **B. Additional hourly supplement for deprivation**  | **£ per hour** | **Total Early Years funding formula hourly rate (A+B)** | **£** |
| **Service description**(name)  | **Service Provider** (setting name or another professional) | **Start date** (approx.) | **End date**(if applicable) | **Frequency** e.g. once a week | **Duration** e.g. 2 hours | **Cost per session** | **Funded by**e.g. Deprivation supplement, SENIF Panel |
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**Section 4**

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| **4A Current Approved SENIF Funding** |
| **Top Up Rate Per Hour** |  | **Top Up Rate Per Week** |  |
| **No. of hours topped up** |  | **Ratio** |  |
| **Funding Start Date** |  | **Funding Review Date** |  | **Funding End Date** |  |

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| **4B Review Request for Additional Funding**Due to reduced adult: child ratio to above EYFS statutory requirements. ***There must be evidence for reduced ratios in professional reports and this must be shown in the costed SEND plan to support application request. If there is not a professional report, an EP report must be applied for first from the SENIF Panel.*** |
| **Proposed start date for reduced ratios**No retrospective payments will be made; start date should be set for the date of the panel or after. |  |

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| **2 year old children** |  | **3 year old children** |  | **Details of other children that will form part of the reduced ratio group** |
| **Ratio** | **Amount of hours required at this ratio per week** |  | **Ratio** | **Amount of hours required at this ratio per week** |  | **Child’s Initials** | **Childs D.O.B.** | **Application form completed for ALL children who form part of this reduced ratio group. See section 1C.** |
| 1:1 [ ] \*see below |  |  | 1:1 [ ] \*see below |  |  |  |  | Yes [ ]  |
| 1:2 [ ]  |  |  | 1:2 [ ]  |  |  |  |  | Yes [ ]  |
| 1:3 [ ]  |  |  | 1:3 [ ]  |  |  |  |  | Yes [ ]  |
| \*1:1 ratio will only be approved in exceptional circumstances. |  |  | 1:4 [ ]  |  |  |  |  | Yes [ ]  |
|  |  |  | 1:5 [ ]  |  |  |  |  | Yes [ ]  |
|  |  |  | 1:6 [ ]  |  |  |  |  | Yes [ ]  |

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| **Rationale**What will the expected additional benefits/outcomes for the child from being part of a reduced adult: child ratio be? |
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**Section 5**

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| **5A Compulsory Reports** |
| **Name of Report** | **Has this report been sent with the application form?** |
| Updated Costed SEND PLAN including outcomes | Yes [ ]  | No [ ]  |
| Professionals Report with evidence for reduced ratios | Yes [ ]  | No [ ]  |
| **5B Additional Reports** |
| **Name of Report**Completed during last 3 months. Where reports are addressed to the parent/carer you must obtain consent to share these with the panel as part of the application. | **Has this report been sent with the application form?** |
| Educational Psychology Report | Yes [ ]  | No [ ]  |
| Speech and Language Therapy Report | Yes [ ]  | No [ ]  |
| Medical Report | Yes [ ]  | No [ ]  |
| Early Years Home Visitor Support Plan  | Yes [ ]  | No [ ]  |
| Baseline Assessment of Child at setting | Yes [ ]  | No [ ]  |
| Settings most recent assessment of child | Yes [ ]  | No [ ]  |
| Other Professional Reports/medical reviewsPlease specify: | Yes [ ]  | No [ ]  |

**Section 6**

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| **6A Agreement Signatures** |
| **Referrer** |
| **Signed:** |  |
| **Name *(please print):*** |  | **Date** |  |
| **Parent/Carer**By signing this document, I consent to:* the information contained in this report and the attached reports to be shared with the SENIF 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.
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| **Signed:** |  |
| **Name *(please print):*** |  | **Date** |  |
| **Parent/Carer Email** |  | **Parent/Carer Telephone** |  |