EY 2YO SEND Non-FEEE Childcare Panel Form - CONFIDENTIAL

For 2 year old children who do not meet the eligibility criteria for a FEEE place but have identified SEND or developmental delay.

Areas in **Orange** to be completed by referrer and returned to [EYSEND.Panel@walthamforest.gov.uk](mailto:EYSEND.Panel@walthamforest.gov.uk)

***Important information to read BEFORE you commence the application process***

*Before an application is made the child and family must have attended their child’s 24 – 30 Month Health Review, via the Health Visiting Team. Also, the child and family must have engaged with a range of universal and targeted child or whole family support from their Children and Family Centres and/or Health Services for a period of 3 months before an application can be made.*

*Children who are in receipt of the Early Years SEND home visiting service must work with this service for a period of 3 months before an application can be made.*

*Successful applicants will be expected to continue to engage with a range of services alongside any free childcare that is approved.*

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| **Section 1A** | **Referrer Details** *Referral should be made by the child’s allocated key worker at the Children and Family Centre.* | |
| **Referrers name and job role** | |  |
| **Telephone number** | |  |
| **Email address** | |  |

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| **Section 1B** | **Eligibility** *\*If answering Yes to any questions below – the child is eligible for FEEE – do not complete this form and 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:  *Provide a copy of the check* | |
| **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 |
| **Is child Looked After or subject of an Adoption, Special Guardianship, or Child Arrangements Order?** | | Yes  \*See above | | | No |

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| **Section 2A** | **Child’s Details** | | | | | | | |
| **Child’s Full Name** | |  | **Gender** | | | |  | |
| **Date of birth** | |  | **Age in months** | | | |  | |
| **Address and postcode** | |  | **Are they a looked after child?** | | | | Yes | No |
| **Ethnicity** | |  | **First spoken language** | | | |  | |
| **Does the child have a diagnosis?**  *Supporting documentation must be sent as evidence****.*** | | | | No | Yes | SEND Diagnosis: | | |
| **Has the child been referred to any health service?**  *SaLT, SACC, OT* | | | | No | Yes | Health service and date of referral: | | |
| **Has the child their child’s 24 – 30 Month Health Review, via the Health Visiting Team?** | | | | No | Yes | Date of Health Review: | | |
| **Is the child in receipt of LBWF Early Years SEND home visiting service?** | | | | No | Yes | Start date with service and name of home visitor: | | |

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| **Section 3A** | **Child’s Identified Additional Needs** | | |
| **Select (as appropriate) the identified additional need of the child against the EYFS prime areas of learning** | | Communication and Language |  |
| Physical Development |  |
| Personal, Social and Emotional Development |  |

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| **Section 3B** | | | **Current Attainment and Summary of Concerns**  *Mark X in the relevant box below to indicate child’s current attainment in line with* [*Development Matters*](https://www.foundationyears.org.uk/files/2012/03/Development-Matters-FINAL-PRINT-AMENDED.pdf) *indicators*  *D= Developing, W = Working within S= Secure* | | | | | | | | | | | | | | | |
| **Communication and Language** | | | | | | | | | | | | | | | | | | |
| **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 details of concerns below:** | | | | | | | | | | | | | | | | | | |

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| **Physical Development** | | | | | | | | | | | | | | | | | |
| **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 details of concerns below:** | | | | | | | | | | | | | | | | | |

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| **Personal, Social and Emotional Development** | | | | | | | | | | | | | | | | | |
| **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 details of concerns below:** | | | | | | | | | | | | | | | | | |

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| **Section 3C** | **Potential family needs** | | |
| **Was the family exploration tool used to assess the potential family needs?** | | Yes | No |
| **Provide details of the child’s home life and families background**  *Parents, siblings, family members living in the household, other relevant information identified when using the family exploration tool – any services/activates the family were signpost to and attended should be included in section 4* | | | |
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| **Section 4** | **Services and Activities Accessed** | | | | | |
| **Provide details of the services/activities that are currently being accessed by the family as a package of support for the child’s development and family’s needs. *List everything the child and family is accessing currently or has previously accessed.***  *Stay and Play, Somewhere to Belong, HENRY drop-ins, Wood Street Health Centre appointments and groups, Health appointments - SaLT, SACC, EY Home Visiting Service, Children and family centres family support services, parent groups , early help, recreational groups/activities – add rows as necessary.* | | | | | | |
| **Activity/Service** | | **Service Provider** | **Start date** | **End date** | **Frequency** | **No. of sessions the family and/or child has attended** |
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| **Section 5A** | **Funding Application** | |
| **Proposed start date for funded hours** | |  |
| **Amount of hours of free childcare are being requested**  *A standard of 6 hours per week during term-time are approved unless there were exceptional circumstances.* | |  |
| **Amount of additional hours of childcare is the parent/carer will purchase**  *The family must purchase additional childcare hours and that these would equate to a minimum of 50% of the free hours requested. E.g. a request of 6 free hours per week would mean the family must purchase a minimum of 3 additional hours per week.* | |  |

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| **Section 5B** | **Basis for Funding Application** |
| **Rationale for child to attend a childcare provision**  *Rationale of the reason a childcare provision will be the next step for this child to continue their development and ongoing support. Include the benefits and outcomes expected if the child does attend childcare provision which is in to addition to those that are already being achieved by continuing to access the services outlined in section 4.* | |
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| **Transition to a childcare provision proposed plan of action**  *Rationale for the reasoning and choice of setting the child is to transition to. Include the type of setting (childminder, PVI nursery/preschool, school nursery) the children and family centre key worker and the family have discussed as being suitable for the child and their additional needs. Include if the family has visited any settings or are on any waiting lists.* | |
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| **Section 6** | **Compulsory Reports** | | | | | | |
| **Compulsory Report** *Reports MUST be sent with application* | | **Report included with application** | | | | | |
| 2YO FEEE eligibility check outcome letter or e-mail | | Yes | | | No | | |
| Health ASQ3 report *(if completed and obtained by parent)* | | Yes | No | | | Not completed |  |
| Medical Reports | | Yes | | No | | | |

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| **Section 7** | **Agreement Signatures** | | | | | | | | | |
| **Referrer Signature** | |  | | **Name *(please print):*** | | |  | | **Date** |  |
| 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: | | | | | |

***Please ensure this document is fully completed as it will be quality assured by 2YO SEND Non-FEEE Panel Support – if any sections are incomplete or incorrect the document will be sent back to the referrer to make amendments which may delay it be submitted to that months panel. For more information read 2YO SEND Non-FEEE Information on*** [***The Hub website***](https://thehub-beta.walthamforest.gov.uk/)***.***