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

Form and supporting evidence to be sent to 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* |
| **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.
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| **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