SEND Inclusion Fund (SENIF) Review Form – CONFIDENTIAL

Form and supporting evidence to be sent to 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 early years provision**  |       |
| **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**  |
| Write details here |

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| **Section 4** | **Child at Setting** |
| **FEEE Eligibility** | Select Here | **Start date at provision** |       |
| **Attendance hours** | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** | **Weekly Total** |
|       |       |       |       |       |       |

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| **Section 5** | **Child’s SEND Status** |
| **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 or activities that have been referred to, are being accessed or have been accessed by child and family.** *(e.g. Wood Street Health Centre, Health – SaLT/SACC, Children and Family Centre, Somewhere to Belong, HENRY, parent groups , Early Help, recreational groups/activities, stay and play, parent groups,)*  |
| **Activity/Group** | **Service Provider** | **Dates and Frequency** *(start or referral)* |
|       |       |       |
|       |       |       |
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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) *- Select developing, working, secure and the developmental level for each area* |
| **Communication and Language** | Select here | Select here |
| **Physical** | Select here | Select here |
| **Personal, Social and Emotional** | Select here | Select here |
| **Summarise the child’s development since receiving SENIF:** |
| Write summary here |
| **Summarise any ongoing concerns regarding the child’s development:** |
| Write summary here |

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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.** |
| Write summary here |
| **Write a rationale of what the funding will be used for onwards and the expected impact for the child continuing to receive the funding.** |
| Write rationale here |

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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.
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| **Parent/Carer Signature** |  | **Date** |       |
| **Parent Full Name** |       | **Relationship to child** |       |
| **Parent/Carer Contact details** | Telephone |       | Email |       |