Early Years Inclusion Pathway

EY SEND Inclusion Fund (SENIF) Application Form – CONFIDENTIAL

Form and supporting evidence to be sent to EYSEND.Panel@walthamforest.gov.uk

[Privacy notice for the early years inclusion pathway (for under 5's with learning and developmental delay).](https://www.walthamforest.gov.uk/council-and-elections/your-data-and-privacy/our-privacy-notices/early-years-inclusion-pathway-privacy-notice)

|  |  |
| --- | --- |
| **Section 1** | **Referrer Details** |
| **Name of early years provision**  |       |
| **Referrers name and job role** |       |
| **Email address** |       |

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

|  |  |
| --- | --- |
| **Section 3** | **All About Me** |
| **Provide details of the child’s home life and family background (including any external family support given)** |
| Write details here       |
| **Provide details of the child’s strengths and needs at the setting** |
| Write details here       |
| **Have you attached an All About Me?**  | Yes [ ]  | No [ ]  |  |

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

|  |  |
| --- | --- |
| **Section 5** | **Child’s SEND Status** |
| **Is the child known to health services?** | Yes [ ]  | No [ ]  | **Health service and date of referral** |       |
| **Is the family known to Early Help Services?** | Yes [ ]  | No [ ]  | **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** |       |

|  |  |
| --- | --- |
| **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 [ ]  |

|  |  |
| --- | --- |
| **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, Family Hubs BSIL Universal Offer, HENRY, Early Years Inclusion Pathway, parent groups , Early Help, recreational groups/activities, stay and play.* |
| **Activity/Group** | **Service Provider** | **Dates** | **Frequency** | **Costing** | **Funded by** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

|  |  |
| --- | --- |
| **Section 8** | **Funding** |
| **Write a summary of how you have used your setting’s SENIF Notional Budget to support the needs of this child**  |
| **Write summary here** |
| **Write a rationale of how the Additional Hourly Rate Top Up Funding will be used and the expected impact/outcomes for the child receiving funding** *(a support plan and provision map must be submitted to evidence this).* |
| Write rationale here |

|  |  |
| --- | --- |
| **Section 9** | **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 |       |

**Page 1 of 2**

|  |  |
| --- | --- |
|  |  |
|  | **EYFS Observation Checkpoints Around 6, 12, 15, 18, 24 and 36 months**  | **EYFS Observation Checkpoints Around 36 and 48 Months** | **EYFS Reception** |
|  | **Step 1****0-3m** | **Step 2****2-5m** | **Step 3** **4-7m** | **Step 4****6-10m** | **Step 5****9-13m** | **Step 6****12-16m** | **Step 7****15-19m** | **Step 8****18-22m** | **Step 9****21-25m** | **Step 10** **24-31m** | **Step 11** **30-36m** | **Step 12****35-41m** | **Step 13****40-51m** | **Step 14****50-60m** |
| **Communication and Language***(Communication and Interaction)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Personal, Social and****Emotional****(Social, Emotional and Mental Health)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Physical***(Sensory and Physical)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Thinking** *(Cognition and Learning)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Section 10** | **Assessment** |