Early Years Inclusion Pathway

EY SEND Inclusion Fund (SENIF) Review Form – CONFIDENTIAL

Form and supporting evidence to be sent to [EYSEND.Panel@walthamforest.gov.uk](mailto: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)

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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** | **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 |  |

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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** | | | |
| **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** |  |

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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, 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 and Frequency** *(start or referral)* |
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| **Section 8** | **Current Level of Development (see section 11 below for assessment details)** |
| **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. | | | | | | | |
| **Parent/Carer Signature** | |  | | **Date** | | |  |
| **Parent Full Name** | |  | | **Relationship to child** | | |  |
| **Parent/Carer Contact details** | | Telephone |  | | Email |  | |

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| **Section 11** | **Assessment** |

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|  | **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)* |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |