

**Early Years SENDIP Request Form**

**Request for Inclusion Support Funding and Transition Support Funding in Bath and North East Somerset for children aged two to four (pre-school)**

This request should be discussed as part of the SEN support planning meetings held by educational settings. The child and family must have an opportunity to share their views and aspirations, be involved in the planning and agree to the request.

When considering if such a request should be made, national and local guidance on criteria should be taken into account.

**Section 1) Child and Family details**

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| **Child’s Name** |  | | | | **DOB** | | |  | **Gender** | | |  | |
| **Parents / Carers Names** |  | | | | **Parents / Carers Address** | | |  | | | | | |
| **Contact Number** |  | | | | **Postcode** | | |  | | | | | |
| **Child characteristics:** | | | | | **Family characteristics or affected by:** | | | | | | | | |
| Adopted child / adopter family  Cared for by extended family  Within ‘Connecting Families’ initiative  Child in Need (CHIN)  On Child Protection Plan (CP)  Looked after Child (LAC) | | | | | Lone parent  Teenage mother  Low income  Parental disability  Adult mental health issues  Domestic abuse | | | | | | | | |
| **Are the family claiming DLA for the child (Yes / No) – if yes include proof** | | | | | | | | | | Yes  No | | | |
| **Are the family eligible for the 30 hours entitlement (Yes / No)** | | | | | | | | | | Yes  No | | | |
| **Preferred or Current Setting/s Name** | |  | | | **Current Hours at Setting** | | | | |  | | | |
| **Setting Start Date** | | | | |  | | | |
| **Primary Need**  **(Please tick)** | | **Communication and Interaction** |  | **Cognition and Learning** | |  | **Social, emotional and mental health** | | |  | **Sensory and/or physical needs** | |  |
| **Date of the last SEN Support Planning Meeting/TAC:** | | | | | | |  | | | | | | |

**Section 2) Request detail**

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| **Referrer Name** |  | **Referrer Address** |  |
| **Job Title** |  |
| **Contact email address** |  | **Postcode** |  |

**Please see the following section on page 2, 3 and 4 for a checklist of the documents that should be attached to this request form**

**Section 3) Details on how the funding will be used**

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| **What are you going to do differently or more of?** |
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| **How will you know the inclusion support funding has made a difference?** |
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**Section 4) Checklists**

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| **Checklist of documents that must be attached:** | **Tick to confirm included in request** |
| **Copies of the My Plan at SEN Support reviews (a minimum of 2 cycles) for children already in an Early Years Setting. One cycle would normally be over a period of 6 weeks.** |  |
| **Evidence of the nature, extent and context of the SEN – please attach relevant documents (specialist reports, monitoring and observations etc)** |  |
| **Evidence of the actions already taken, using delegated resources to enable progress to be made – see below relevant supporting documents** |  |
| **Additional relevant information – e.g. Inclusion Plans, Risk Assessments, Being Kept in Mind Document, ASQs, Common Assessment (CAF), meeting notes etc.** |  |

Please use the following checklist to ensure that:

* the request is appropriate
* attached evidence supports all 3 criteria outlined in the guidance
* ensure that all relevant sections of the applications are fully completed and the relevant evidence is attached.

**Failure to provide appropriate documentation may result in unnecessary delays.**

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| **Criteria** | **Evidence**  Please review and list the evidence provided as part of your application and its relevance to the criteria set out in the guidance. **For example:** | | **Attached Yes/No** |
| **Criteria 1 -** The severity, complexity and long-term nature of the special educational need | **Play, cognition and learning** | E.g. Summary of practitioner assessments/observations, My Plan at SEN Support |  |
| **Communication and interaction** | E.g. Speech and Language Assessments / Reports, My Plan at SEN Support |  |
| **Social Emotional and Mental Health** | E.g. Thrive assessment, behaviour logs, frequency charts, Theraplay, Being Kept in Mind, medical reports, My Plan at SEN Support |  |
| **Visual impairment** (only if relevant) | E.g. Ophthalmological report, specialist VI teacher assessment, sensory support |  |
| **Hearing Impairment** (only if relevant) | E.g. Audiological reports, specialist HI teacher assessment, sensory support |  |
| **Physical Development** (only if relevant) | E.g. Medical advice, Occupational Therapy, Physio |  |
| **Criteria 2 -** Despite relevant, purposeful, evidence based support and making reasonable adjustments, it is not possible to meet the special educational needs within existing/delegated resources | **Evidence of progress** | Evidence of progress over time. E.g. completed progress trackers, outcomes and targets using My Plan at SEN Support |  |
| **Review rate of progress** | This may include information about specific interventions that escalated progress, background information, explanation of any inconsistences in assessment results. |  |
| **Criteria 3 -** Despite relevant, purposeful, evidence based support the child is not making expected progress over time | **Person centred planning** | E.g. Evidence of child and family’s contribution. One page profile etc using My Plan at SEN Support. |  |
| **Targets / outcomes** | E.g. Clear link with assessed need and support |  |
| **Differentiated learning, setting based inclusion and enabling environment** | E.g. Examples of how the settings approach to learning has been differentiated |  |
| **Clear cycle of assess- plan- do- review (a minimum of 2 cycles with appropriate advice from relevant specialist implemented over time)** | E.g. Evidence based strategies in place, evidence of regular reviews, support relevant and proportionate to the assessed needs, impact monitored and evaluated. |  |
| **Application made under exceptional circumstances** | **Provide the detail of exceptional circumstances** (refer to guidance for detail).  Please provide detail on exceptional circumstances and reasons why the usually expected cycle of assess- plan – do – review cannot be followed before the application is made under the 3 criteria set out above. All exceptional circumstances request must be talked through with the Area SENCo | |  |

**Section 5) Consent**

Early Years Settings must ensure that parent/s or carer/s signing the form have parental responsibility and that they have given informed consent for the request to be made. Forms that are not signed will be returned.

**Early Years Special Educational Needs Disability and Inclusion Panel (SENDIP)**

**Lewis House, Manvers Street**

**Bath, BA1 1JG**

**Please do not submit the following documentation:**

* Confidential information without appropriate authorisation. For example, a child protection plan, conference notes or any other notes without authorisation.
* Any original documents (please only send copies)
* Information that includes names/photos of other children

**N.B. IF NOT SIGNED THIS REQUEST WILL BE RETURNED**

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| **Parent/s or Carer/s – Please confirm the following** | **Yes / No** |
| **I have participated in this request and agree for it to be submitted to Bath and North East Somerset Council and discussed at a multi-agency panel (see guidance for panel membership).** | Yes  No |
| **I understand that Bath and North East Somerset Council will share this information with relevant professionals in order to provide a comprehensive service to you and your family. The Council will not share information with any other third party without your consent or as required by law.** | Yes  No |

*For further information regarding how we share data please see the following* [*link*](http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Your-Council/Data-Protection-and-freedom-of-information/PN_Early_Years_SEND.pdf) *for our privacy notice or visit the Bath and North East Somerset public website and search for privacy notices.*

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| **Children’s Centre Support** | |
| **To ensure you receive details about support available to you, your details and summary information about your child’s needs will be shared with your local Children’s Centre.  Please tick if you do NOT want this.** |  |

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| **Parent / Carer Name** | **Parent / Carer Signature** | **Date** |
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| **Referrer Name** | **Referrer Signature** | **Date** |
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