When to use this form

Use this form to apply for additional funding to support a child in a funded early education place in Merton where the child has SEND at medium or higher level and you have evidence that meets the SENDIF criteria and when:

* effective practice has been applied
* existing resources have been used and there is professional involvement, but concerns persist

For full details of the SENDIF, see the Handbook and Guidance. The setting must complete this form in partnership with the parent/carer. Please use block capitals. See Section 8 for submission instructions

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| **Section 1** General information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School /setting details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Setting name | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Setting address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of SENCo |  | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | |
| Email | | | | | |  | | | | | | | | | | |
| Child details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s name | |  | | | | | | | | | | | | | | | | | | | Address | |  | | | | | | | | |
| Date of birth | | | | | | | | |  | | | | | | | | | | | |
| Gender | | | | | | | | | Male | |  | Female | | | | | | |  | | Postcode | |  | | | | | | | | |
| Merton GP | | | | | | | | | Yes | |  | No | | | | | | |  | | Merton resident? | | | | Yes | |  | No | | |  |
| Date started at the setting | | | | | | | | |  | | | | | | | | | | | | Expected leaving date (month & year) | | | |  | | | | | | |
| Will the child’s entry into Reception class be delayed? (summer-born children only. See Merton website for Delayed Entry Admissions Policy) | | | | | | | | | | | | | | | | | | | | | | | | | Yes | |  | No | |  | |
| Ethnicity (select one) |  | White British | | | | | | | | | | | |  | | | White Irish | | | | | |  | Other White | | | | | | | |
|  | White and Black African | | | | | | | | | | | |  | | | White and Asian | | | | | |  | White and Black Caribbean | | | | | | | |
|  | African | | | | | | | | | | | |  | | | Caribbean | | | | | |  | Other Black | | | | | | | |
|  | Bangladeshi | | | | | | | | | | | |  | | | Chinese | | | | | |  | Indian | | | | | | | |
|  | Pakistani | | | | | | | | | | | |  | | | Other Asian | | | | | |  | Other Mixed | | | | | | | |
|  | Traveller – Irish Heritage | | | | | | | | | | | |  | | | Roma or Gypsy Roma | | | | | |  | Other Ethnic Minority | | | | | | | |
| Days attending  (funded and  non-funded hours) | | | | |  | | | *Mornings* | | | | | | | | | | | *Afternoons* | | | | | *Weeks of the year* | | | | | | | |
|  | | Monday | | | | | | | | | | |  | | Monday | | | |  | | All year round | | | | | |
|  | | Tuesday | | | | | | | | | | |  | | Tuesday | | | |
|  | | Wednesday | | | | | | | | | | |  | | Wednesday | | | |  | | Term Time only | | | | | |
|  | | Thursday | | | | | | | | | | |  | | Thursday | | | |
|  | | Friday | | | | | | | | | | |  | | Friday | | | |  | | | | | | | |
| Under which type(s) of funding is the child accessing funded early education  (tick all that apply) | | | | | | | | | | | | |  | | | Funding for eligible 2-year-olds | | | | | | | | | | | | | | | |
|  | | | Universal Entitlement 3 and 4-year-olds | | | | | | | | | | | | | | | |
|  | | | Extended Entitlement 3 and 4-year-olds | | | | | | | | | | | | | | | |
| Primary carer name | | |  | | | | | | | | | | | | | | | | | | | Relationship to child | |  | | | | | | | |
| Secondary carer name | | |  | | | | | | | | | | | | | | | | | | | Relationship to child | |  | | | | | | | |
| Primary carer email address (All correspondence regarding the child will be cc’d to this address) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Is the child receiving any other additional funding? Tick all that apply | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAF funding | | | | | | | | | |  | | Deprivation Supplement (DS) | | | | | | | | | | | | | | | | |  | | |
| EYPP funding | | | | | | | | | |  | | 1b / Medium Tier SEN Inclusion Funding | | | | | | | | | | | | | | | | |  | | |
| Section 2 Current assessment, provision and use of existing additional resources  (EYPP, DAF and deprivation supplement) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specialist Assessment identified needs | | | |  | | SEN support but No Specialist Assessment (NSA) of need  | | | | | | | | | | | | | | | | | | | | | | | | | |
| OR Specialist Assessment | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Specific learning difficulties (SpLD) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Moderate learning difficulty (MLD) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Severe learning difficulty (SLD) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Profound and multiple learning difficulty (PMLD) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Speech, language and communication needs (SLCN) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Social, emotional and mental health (SEMH) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Autistic spectrum disorder (ASD) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Visual impairment (VI) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Hearing impairment (HI) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Multisensory impairment (MSI) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Physical disability (PD) | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Summarise the current assessment of this child’s developmental needs (Refer to the professional documentation to be included as part of this application. If the child has an EHCP assessment underway, attach Key Worker Summary (KWS) without any appendices) | | | | |
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| Summarise how the planning for the child has supported progress. Including: | | | | |
| * Strategies and interventions in place * Differentiated support and/or teaching * Resources needed * Access to parenting | | | * Arrangement for medical or care needs * Systems for reviewing progress * Parent engagement | |
| Take into account any supplemental funding you are already receiving to support the child’s learning, i.e. EYPP, deprivation supplement and/or DAF and how you are already using this. If the child has an EHC Needs Assessment underway, attach KWS of your request without any appendices. | | | | |
|  | | | | |
| Section 3 Supporting evidence | | | | |
| In order for your application to be considered, you are required to attach the following documents and evidence. Please tick to confirm you have enclosed these with the application.   |  |  |  |  | | --- | --- | --- | --- | |  | Inclusion, Family Support or Portage Report (where applicable) |  | KWS of EHC needs assessment request. DO NOT COMPLETE ANY MORE OF SCETION 3  (only when EHC Needs Assessment underway) | |  | SEN support plan |  | Assessment reports from other professionals that evidence developmental delay | |  | | | (1 for medium level at least 2 for higher level) |   Please list the documents you are submitting as supporting evidence (and referred to in section 2) | | | | |
| Document name | Document date | Professional name | | Agency |
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| Section 4 (to be used for Audit) Additional provision and planned use of SEN Inclusion Funding  Please refer to the Early Years SEND Advisory Support and SENDIF Handbook and Guidance for guidance around possible uses for the funding | | | | | | | | | |
| Use the headings below to outline how you will spend the funding allocated to support the child’s education and learning outcomes. Include any supplemental funding you are already receiving to support the child’s learning i.e. EYPP, deprivation supplement and/or DAF. | | | | | | | | | |
| Learning resources |  | | | | | | | | |
| Intervention programme via professionals recommended targets/outcomes |  | | | | | | | | |
| Specialist equipment recommended by professional |  | | | | | | | | |
| Enhanced ratios / small group work |  | | | | | | | | |
| Section 5 Evidence for meeting criteria | | | | | | | | | |
| Are you applying for medium or high level SEN inclusion funding? (Please circle one). If the child is undergoing an EHC Needs Assessment, high level funding (1c) will apply automatically. No further information for section 5 is required for children undergoing an EHC Needs Assessment | | | | | | | Medium  (1b) | | High  (1c) |
|  | |  |
| Complete all relevant parts of the form relating to  the level of funding you are applying for: | | | | | | | | | |
| **Assessed level against prime areas of learning**  Tick to confirm child’s assessed level in accordance with the SENDIF criteria | |  | 1b / Medium Level  All ages | | |  | 1c / Higher Level  All ages | | |
| At least one primary area below and a further primary area working towards as evidenced by the setting and another professional | | | | At least 2 primary areas below and with significant evidence that the child will remain below, provided by the setting and at least one other professional within the child’s area/s of need | | | |
| Communication and Language EYFS Assessed Levels | | | | | | | | | |
| Age related expectations | | | | Below | Working Towards | At | Above | Approximate assessed age in months | |
| Listening understanding and Attention | | | |  |  |  |  |  | |
| Speaking | | | |  |  |  |  |  | |

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| Personal, Social and Emotional EYFS Assessed Levels | | | | | | | | |
| Age related expectations | | | Below | Working Towards | At | Above | Approximate assessed age in months | |
| Self-regulation (feelings & behaviour) | | |  |  |  |  |  | |
| Managing Self (confidence, independence and self-care) | | |  |  |  |  |  | |
| Building relationships (social play and social interactions) | | |  |  |  |  |  | |
| Physical Development EYFS Assessed Levels | | | | | | | | |
| Age related expectations | | | Below | Working Towards | At | Above | Approximate assessed age in months | |
| Fine Motor skills | | |  |  |  |  |  | |
| Gross Motor skills | | |  |  |  |  |  | |
| Section 6 - Expected outcomes (these outcomes will be reviewed and monitored during the audit visits) | | | | | | | | |
| Indicate the anticipated education and learning outcomes from use of funding from the SENDIF by ticking the relevant boxes below. | | | | | | | | |
|  |  | Communication and Language development enhanced | | | | | |  |
|  | Personal, Social and Emotional development enhanced | | | | | |
|  | Physical development and/or Sensory development enhanced | | | | | |
|  | Safety / environment improved | | | | | |
|  | Improved quality of staff interaction and planning of interventions | | | | | |
|  | Improved ability and skills of staff (training) | | | | | |
|  | Enhanced staff ratios to enable small group work and individualised support | | | | | |
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| Section 7 – Parent / legal guardian  Information from parent / carer and consent | | | | |
| For completion by the child’s parent / legal guardian only  Please provide further information, views or comments about your child to support this application  *If you require any support outside of the setting, such as parenting support for managing behaviour, please do ask your setting or health visitor to make an Early Years Referral for Family Support or contact your local children’s centre for a wide range of support and advice.* | | | | |
|  | | | | |
| Parent / Legal Guardian and SENCo to sign | | | | |
| Data Protection | The information provided on this form will be used to inform decision-making. This means that the information provided on the form will be shared with the relevant staff members to guide their work for the duration of the support period. This form and any further related documentation and records of work carried out will be stored in a case file in your family name. If you have any questions about how your information is used, please visit: <https://www.merton.gov.uk/legal/privacy-and-cookies> | | | |
| Parent/Carer Name |  | | | |
| Parent/Carer Email |  | | | (required if you would like to receive confirmation of the Panel decision) |
| Parent/Carer Signature |  | Date |  | |
| SENCo Name\* |  | | | |
| SENCo Signature\* |  | Date |  | |
| \* We cannot accept forms without a SENCo name and signature. Forms will be returned if these are not provided. | | | | |
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| Section 8  Submitting the application | | | | |
| * Please make sure you allow sufficient time and complete your application fully with full involvement from the family * If approved by the SENDIF Panel, funding will be granted for either 2 (1b) or 3 (1c) terms. (Please see page 12 of the Handbook) * Incomplete applications will not be considered. If you have not answered all the questions or not shown how the criteria have been met, your application will be returned * We correspond with settings using encrypted email. Merton Council cannot be responsible if a message sent from a provider via standard (non-encrypted) email is accessed by an unauthorised person. * PVI settings should email [ey.funding@merton.gov.uk](mailto:ey.funding@merton.gov.uk) to request an encrypted email and follow the steps to reply attaching your completed form and supporting documents. Schools must return the form to the Providers group on USO-FX * Forms submitted in hard copy (on paper) will be not be processed and will be securely destroyed. * You will receive notice of the outcome of the application in writing within 5 working days of Panel. London Borough of Merton will be unable to inform you of the outcome of the application through any other means * When confirming the Panel decision with parents/carers, personal data will be anonymised / omitted | | | | |
| *Please refer to the Merton Early Years SEND Advisory Support and SENDIF Handbook and Guidance for further information about the SENDIF* | | | | |