When to use this form

Ofsted Early Years registered settings and schools in Merton should use this form to apply for inclusion advisory support in the setting when:

* effective practice has been applied
* existing resources and staff have been utilised to maximise support for the child
* work to implement SEND interventions has taken place
* further and additional advice for individualised strategies is still required.

Do not complete this form if a SEND Inclusion Fund (SENDIF) application is being processed / has been approved for the child. For full details of SEND Inclusion Advisory Support, see the Handbook and Guidance.

The setting must complete this form in partnership with the parent/carer. Please use block capitals. See Section 6 for submission instructions. If the child is a Merton resident but in a setting not in Merton, please contact providers@merton.gov.uk

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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 | | | | | |  | | | *Mornings* | | | | | | | | | | | *Afternoons* | | | | | | | *Weeks of the year* | | | | | | | | |
|  | | Monday | | | | | | | | | | |  | | Monday | | | | | |  | | | All year round | | | | | |
|  | | Tuesday | | | | | | | | | | |  | | Tuesday | | | | | |
|  | | Wednesday | | | | | | | | | | |  | | Wednesday | | | | | |  | | | Term Time only | | | | | |
|  | | Thursday | | | | | | | | | | |  | | Thursday | | | | | |
|  | | Friday | | | | | | | | | | |  | | Friday | | | | | |  | | | | | | | | |
| Is the child accessing funded early education  (tick all that apply) | | | | | | | | | | | | | | 2-year-old funding under one of the criteria below | | | | | | | | | | | | | | | | | | | | | |
|  | | | Economic | | | | | |  | DLA | |  | | LAC/adoption/guardianship | | | | | | | |
|  | | | Universal Entitlement 3 and 4-year-old funding | | | | | | | | | | | | | | | | | | |
|  | | | Extended Entitlement 3 and 4-year-old funding | | | | | | | | | | | | | | | | | | |
| 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 additional funding? Tick all that apply | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disability Access Fund | | | | | | | | | | |  | | Early Years Pupil Premium | | | | | | | | | | | | | | | | | | | |  | | |
| Deprivation supplement | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | |  | | |
| Section 2 Current assessment, provision and use of existing additional resources | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 any professional documentation to be included as part of this application) | | | | |
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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 DAF and how you are already using this. | | | | |
|  | | | | |
| Section 3 Supporting evidence | | | | |
| Please list any relevant documents from professionals working with this child and their family. Please include a copy of the child’s current EYFS assessment. | | | | |
| Document name | Document date | Professional name | | Agency name |
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| Section 4  Advice and Support Request | | | | | | | | | |
| Support and advice to implement SEND interventions – select any being requested | | | | | | | | | |
|  |  | | Equipment | |  | Resources | | |  |
|  | | Environment | |  | Small group work | | |
| Support, advice and recommendations for individualised strategies – select any being requested | | | | | | | | | |
|  | |  | Visual | | | | | | |
|  | |  | Sensory | | | | | | |
|  | |  | Writing an SEN Support Plan and complete a full cycle of support | | | | | | |
|  | |  | Referrals to professionals e.g. SALT, paediatric, parenting, family support, specialist groups | | | | | | |
|  | |  | Role modelling appropriate strategies to support the child’s needs | | | | | | |
|  | |  | Completing a SENDIF application (childminders and 1st PVI application only) | | | | | | |
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| Section 5 – 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 | | | |  | | | | | |
| Parent/Carer Signature | | | |  | | | Date |  | |
| SENCo Name\* | | | |  | | | | | |
| SENCo Signature\* | | | |  | | | Date |  | |
| \* We cannot accept applications without a SENCo name and signature. Applications will be returned if these are not provided. | | | | | | | | | |
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| Section 6  Submitting the application | | | | | | | | | |
| * Please make sure you allow sufficient time and complete your application fully with full involvement from the family * Incomplete applications will not be considered. If you have not answered all the questions or not shown how you meet the criteria, your application will be returned * We correspond with PVI 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 providers@merton.gov.uk to request an encrypted email and follow the steps to reply, attaching the 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 receipt. The London Borough of Merton will be unable to inform you of the outcome of the application through any other means * When confirming the outcome of the application with parents/carers, personal data will be anonymised / omitted | | | | | | | | | |