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 already through SEN Support; and
* existing resources and interventions 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. You must complete all sections fully

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| **Section 1** General information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School /setting details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Setting name |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Setting address |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of SENCo |  | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | | |
| Email | | | | | |  | | | | | | | | | | | | | | |
| Number of children in receipt of SENIF funding currently attending the school/setting**:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | |  | | | |

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| 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) (assessed by a paediatrician) |
|  | Moderate learning difficulty (MLD) (assessed by a paediatrician) |
|  | Severe learning difficulty (SLD) (assessed by a paediatrician) |
|  | Profound and multiple learning difficulty (PMLD) (assessed by professionals) |
|  | Speech, language and communication needs (SLCN) |
|  | Social, emotional and mental health (SEMH) (assessed by a professional) |
|  | Autistic spectrum disorder (ASD) (assessed by a paediatrician) |
|  | Visual impairment (VI) (assessed by professionals) |
|  | Hearing impairment (HI) (assessed by professionals) |
|  | Multisensory impairment (MSI) (assessed by professionals) |
|  | Physical disability (PD) (assessed by professionals) |

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| Summarise the current assessment of this child’s developmental needs, including the child’s strengths as well as their areas of need, and any references to professional documentation. | | | |
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| Summarise how the planning for the child has supported progress. Including:   * How you have used the assess, plan, do, review model to meet the child’s needs (SEN Support) * Strategies and interventions in place which are supporting the child * Differentiated support and/or teaching provided for the child (do not make reference to 1 to 1 as SENDIF funding is not intended for that purpose) * Resources needed which are over and above what would typically be needed for a child * Arrangements for medical or care needs which are over and above what would typically be needed * Parent engagement and support provided for them   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. Also take into account the current staffing ratios and enhanced ratios that may already be in place as a result of funding for other children who may have similar needs and similar interventions | | | |
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| Section 3 Supporting evidence | | | |
| In order for your application to be considered, you are required to attach the following documents as evidence. Please tick to confirm you have enclosed these with the application.   |  |  |  |  | | --- | --- | --- | --- | |  | Assessments of child’s L&D |  | Assessment reports from other professionals that evidence developmental delay | |  | SEN support plan/s that evidence  interventions in place |  | Other documents such as care plans etc | |  | | |  |   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. | |
| Resources, equipment, adjustments |  |
| Interventions and provision mapping to support the child |  |
| Differentiated teaching and support for the child  *Note: SENDIF funding is not provided for 1 to 1 staffing.  Include any funding already in place for other children with similar needs and interventions which has already led to enhanced ratios* |  |

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| Section 5 Evidence for meeting criteria | | | | | | | | |
| Are you applying for medium or high level SEN inclusion funding? (Please circle one). | | | | | | 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 2 prime areas are below as evidenced by the setting and another professional and interventions being provided are above and beyond what should be ordinarily available for children with developmental delay/needs | | | | At least 2 prime areas are significantly below, with evidence provided by the setting and several professionals within the child’s area/s of need, and evidence that interventions and the curriculum need to be highly differentiated | | | |
| **Assessment – please include your current accurate assessment of the child, which should link to any recent professional assessments of the child, where applicable** | | | | | | | | |
| Communication and Language EYFS Assessed Levels | | | | | | | | |
| Age related expectations (tick boxes) | | | Below | Working Towards | At | Approx assessed age in months | | Professional Evidence  Y / N |
| Listening understanding and Attention | | |  |  |  |  | |  |
| Speaking | | |  |  |  |  | |  |
| Personal, Social and Emotional EYFS Assessed Levels | | | | | | | | |
| Age related expectations | | | Below | Working Towards | At | Approx assessed age in months | | Professional Evidence  Y / N |
| Self-regulation  (feelings and 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 | Approx assessed age in months | | Professional Evidence  Y / N |
| Fine Motor skills | | |  |  |  |  | |  |
| Gross Motor skills | | |  |  |  |  | |  |

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| 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 |
|  | Adjustments made / environment improved / resources provided |
|  | Improved interventions to meet the child’s needs |
|  | Improved ability and skills of staff (training/role modelling) |
|  | Differentiated curriculum planning 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 (not the setting)  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.* |
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| 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 the SENCo and parent signature. Where this is not possible, please attach a parent’s email confirming their permission. Forms will be otherwise be returned* | | | | |
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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 or 3 terms. * Incomplete applications will not be considered. If you have not answered all the questions or not shown how the criteria has been met, your application will be returned and will have to be resubmitted for the next available SENDIF panel. * 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* | | | | |