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| torbaycouncilWHITE | **Requesting Funding For Supporting Individual Children** | ChildrensSVCs_white |

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| Child’s Name |  |
|  Date of Birth |  |
| Address & postcode |  |
| Telephone / mobile  |  |
| Parent/Carer  |  |
| Early Years Setting:  |  |
| Telephone number: |  |
| Email address: |  |
| Does the child attend another setting – if yes please state. |  |
| Key Person / Learning Support Assistant |  |
| Hours attending  |  |
| Date for the funding to start |  |

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| **Parent / Carer Signature:** (There **must** be a signature) |
|  | Date |

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| **Request made by** |
|  | Date |

Please attach Observations, ILDPs and ILDP Reviews, therapy plans

Send this form to:

Advisory Teacher for Early Years Inclusion,

Torbay Council,

4th Floor, South Wing,

Tor Hill House,

Union Street,

TORQUAY

TQ2 5QW Tel 07789 923 782

**Criteria for Requesting Funding For Supporting Individual Children**

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| **SOCIAL, EMOTIONAL & MENTAL HEALTH** | **For office use only** |
| **Needs additional adult support to:** | **Describe the additional and different activities carried out by the adult** | **Low or High level of need (1 being lowest and 4 being highest)** |
| Manage emotional responses and behaviour*Please attach Thrive Action Plan if appropriate.* |  |  |
| Follow daily routines and expectations of setting |  |  |
| Adapt to changes and transitions |  |  |
| Engage positively with peers and adults |  |  |
| Ensure safety of self and others*Please attach a risk assessment as appropriate* |  |  |
| **Attach the appropriate Thrive Action Plan, ILDP, Risk Assessment and/or social, emotional and behavioural support plan.** |
|  |
| **COMMUNICATION & INTERACTION** | **For office use only** |
| **Needs additional adult support to:** | **Describe the additional and different activities carried out by the adult** | **Low or High level of need (1 being lowest and 4 being highest)** |
| Understand verbal language |  |  |
| Develop expressive verbal language skills |  |  |
| Use picture supports or the Picture Communication Exchange System (PECS) |  |  |
| Use signing such as BSL or Makaton |  |  |
| Develop listening and attention skills  |  |  |
| **Attach the appropriate ILDP and Speech and Language Therapy programme**  |

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| **SENSORY AND/OR PHYSICAL NEEDS** | **For office use only** |
| **Needs adult support to:** | **Describe the additional and different activities carried out by the adult** | **Low or High level of need (1 being lowest and 4 being highest)** |
| Monitor general wellbeing linked to medical condition*Eg diabetes; epilepsy; serious illness****Please attach healthcare plan*** |  |  |
| Develop personal independence in self-care *eg toileting and managing clothing, hand hygiene*  |  |  |
| Develop personal independence in eating and drinking |  |  |
| Develop mobility skills, co-ordination and balance*Please attach physiotherapy programme or Portage Targets* |  |  |
| Use specialised seating, standing and mobility equipment |  |  |
| Develop fine motor skills *Please attach occupational therapy programme or Portage Targets* |  |  |
| Support sensory needs – visual or hearing impairment *eg maintaining sensory equipment, working with advisory teachers* |  |  |
| Develop sensory awareness and encourage interaction with the environment  |  |  |
| **Attach appropriate health care plan, risk assessment and/or therapy programmes**  |
|  |
| **COGNITION & LEARNING** | **For office use only** |
| **Needs adult support to:** | **Describe the additional and different activities carried out by the adult** | **Low or High level of need (1 being lowest and 4 being highest)** |
| Access a wide range of experiences at the appropriate pace and depth*Strategies, teaching styles, activities and materials are modified to meet the child’s appropriate level of development and play interests*   |  |  |
| Develop early learning & play skills in all areas of the EYFS when: *activities are in small groups; there are opportunities to revisit activities, practise new skills and generalise play skills as detailed in child’s ILDP*  |  |  |
| Develop early learning and play skills in all areas of the EYFS when visual support systems are used *Makaton, PECS etc*  |  |  |
| Access the setting’s resources and play activities using adapted equipment |  |  |
| **Please attach the child’s ILDP** |

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| **ADMINISTRATION** | **For office use only** |
| **Needs adult support to:** | **Describe the additional and different activities carried out by the adult** | **Level 4** |
| Prepare for and write assessment summaries and short reports for E.g. multiagency meetings  |  |  |
| Prepare for and complete EHCP statutory paperwork, including supporting parents/carers with their contribution |  |  |
| Attend multiagency meetings beyond the setting e.g. Joint Assessment Clinics at the CDC,  |  |  |
| Attend Portage Home Visiting sessions or therapy sessions with a child and their parent/carer |  |  |
| Jointly engage with a visiting professional around an individual child’s needs (in assessment and teaching)  |  |  |