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

GUIDANCE NOTES

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| Child’s Name |  |
|  Date of Birth |  |
| Address & postcode |  |
| Telephone / mobile  | *The telephone number of the child’s parent* |
| Parent/Carer  |  |
| Early Years Setting:  | *The name and postal address of the setting.* |
| Telephone number: | *Please ensure you have put telephone number of setting here* |
| Email address: | *Please ensure you have put the email address of the setting here* |
| Does the child attend another setting – if yes please state. |  |
| Key Person / Learning Support Assistant |  |
| Hours attending  | *Please put exact hours attending*  |
| Date for the funding to start | *The start date of the application must fall within the term the application is received. The date of application CANNOT fall outside the term of application. You do not need to reapply each term. Please reapply at any point should circumstances change including a change in hours.* |

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| **Parent / Carer Signature:** (There **must** be a signature) |
| *Requests will be sent back if there is no signature*  | Date |

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| **Request made by** |
| *Please state the name of the person applying for this funding* | Date |

PLEASE COMPLETE THIS FORM FOCUSSING SOLELY ON THE PROVISION TO SUPPORT THE CHILD

**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 provision** | **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.* | *Please state the specific strategies that you employ to support the child’s emotional regulation. Attach the child’s Thrive Action Plan/Assessment or equivalent as appropriate.* |  |
| Follow daily routines and expectations of setting | *Please state the specific strategies you employ to support the child’s understanding of routines and the timetable of the setting.*  |  |
| Adapt to changes and transitions | *Please state how you support the child with moving from one activity to another and/or between play areas, adults and peer groups*  |  |
| Engage positively with peers and adults | *Please state how you support the child’s play skills with others – at parallel, associative or co-operative play levels.*  |  |
| Ensure safety of self and others*Please attach a risk assessment as appropriate* | *Please state the specific strategies you employ to support the child, reducing and/or preventing harm to others or themselves.**Attach a risk assessment you have made.* |  |
| **Attach the appropriate Thrive Action Plan, ILDP, Risk Assessment and/or social, emotional and behavioural support plan.** |
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| **COMMUNICATION & INTERACTION** | **For office use only** |
| **Needs additional adult support to:** | **Describe the additional and different provision** | **Low or High level of need (1 being lowest and 4 being highest)** |
| Understand verbal language | *Please state the specific strategies and provision that you carry out to support the child’s understanding throughout the session. State if you are following a programme from the speech and language therapist.* |  |
| Develop expressive verbal language skills | *Please state the specific strategies and provision that you carry out to support the child’s expressive skills throughout the session. State if you are following a programme from the speech and language therapist.* |  |
| Use visual supports or the Picture Communication Exchange System (PECS) | *Please state if you use visual cues (object, photo, pictures) to support the child’s communication. State when and where these visual supports are used in the setting. State if you assist the child to use visual cues to communicate with others.*  |  |
| Use signing such as Makaton | *Please state if you are using Makaton to assist the child to express their needs, understand what is happening and/or following routines.* |  |
| Develop listening and attention skills  | *Please state the strategies or provision you have put in place to support the child’s listening and attention skills.* |  |
| **Attach the appropriate ILDP and Speech and Language Therapy programme** *You MUST attach the speech and language therapy programme/report*  |

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| **SENSORY AND/OR PHYSICAL NEEDS** | **For office use only** |
| **Needs adult support to:** | **Describe the additional and different provision** | **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*** | *Please attach the medical health care plan outlining the action needing to be taken to support a child with complex medical conditions.* *State if staff members have needed training from specialist nursing teams.* |  |
| Develop personal independence in self-care *eg toileting and managing clothing, hand hygiene*  | *Please state if you are following a specific programme to support the child with achieving independence in self-care. State if this involves procedures that the child is unlikely to be able to perform independently long term.* |  |
| Develop personal independence in eating and drinking | *Please state exactly what support you need to provide to enable the child to take part in eating and drinking times during their sessions.* |  |
| Develop mobility skills, co-ordination and balance*Please attach physiotherapy programme or Portage Targets* | *Please state the strategies and provision you have put in place to enable the child to develop gross motor skills. Please attach the recommendations and programmes provided by health/educational professionals.* |  |
| Use specialised seating, standing and mobility equipment | *Please state what exactly the adult needs to do in order to ensure the child uses the appropriate aids whilst at your setting.* |  |
| Develop fine motor skills *Please attach occupational therapy programme or Portage Targets* | *Please state the strategies and provision you have put in place to enable the child to develop fine motor skills. Please attach the recommendations and programmes provided by health/educational professionals.* |  |
| Support sensory needs – visual or hearing impairment *eg maintaining sensory equipment, working with advisory teachers* | *Please state how you are working closely with the advisory services for hearing support or visual impairment to support the child at your setting.* |  |
| Develop sensory awareness and encourage interaction with the environment  | *Please state what specific strategies or provision you employ to support the child’s sensory responses – see www.aettraininghubs.org.uk/wp-content/uploads/2014/05/10.2EY-sensory-processing-profile-Leics.pdf* |  |
| **Attach appropriate health care plan, risk assessment and/or therapy programmes**  |
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| **COGNITION & LEARNING** | **For office use only** |
| **Needs adult support to:** | **Describe the additional and different provision** | **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 | *Please state the specific strategies, teaching styles, activities and materials used to meet the child’s appropriate level of development and play interests.* |  |
| Develop early learning & play skills in all areas of the EYFS | *Please state how you support the child to engage in activities as part of small groups; provide opportunities to revisit activities, practise new skills and generalise play skills. Please attach the child’s ILDP illustrating this.* |  |
| Develop early learning and play skills in all areas of the EYFS when visual support systems are used *Makaton, PECS etc*  | *Please state how you use visual support systems to include the child in whole group, small group and/or one to one adult led play activities.* |  |
| Access the setting’s resources and play activities using adapted equipment | *Please state how you have adapted the play areas, play equipment or materials to include the child in the curriculum activities.* |  |
| **Please attach the child’s ILDP** |

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| **ADMINISTRATION** | **For office use only** |
| **Needs adult support to:** | **Describe the additional and different provision** | **Level 4** |
| Prepare for and write **Assessment Summaries** and short reports for E.g. multiagency meetings  | *Please complete if you have written reports about the child to share with other professionals as well as the parents e.g. for the EHCP request, CIN meetings or Joint Assessment Clinics.* |  |
| Prepare for and complete EHCP statutory paperwork, including supporting parents/carers with their contribution | *Please complete this section ONLY if you are currently going through the Educational Health and Care Plan request on behalf of the child* |  |
| Attend multiagency meetings beyond the setting e.g. Joint Assessment Clinics at the CDC,  | *Please complete if you have planned future meetings to attend for the child.*  |  |
| Attend Portage Home Visiting sessions or therapy sessions with a child and their parent/carer | *This section is only relevant if your child is currently having Portage Home visiting*  |  |
| Jointly engage with a visiting professional around an individual child’s needs (in assessment and teaching)  | *Please complete if you spend time with visiting professionals who are working with the child, alongside you.*  |  |

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