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|  | **Part 2**  **Activity Led Funding in the Early Years** |  |

**NB Part 2 will need to be completed for each child**

**Section A – Child’s Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name |  | | | | | | | |
| Date of Birth: |  | | | | Chronological Age: | |  | |
| Address & postcode |  | | | | | | | |
| Telephone / mobile |  | | | | | | | |
| Parent/Carer |  | | | | | | | |
| Early Years Setting & address |  | | | | | | | |
| Telephone number |  | | | | | | | |
| Email address |  | | | | | | | |
| State start date at current setting |  | | | | | | | |
| Number of hours attending your setting |  | | | | | | | |
| Does the child attend another setting? |  | | | | | | | |
| Date of ALFEY panel for consideration |  | Applied previously | Yes/No | Level received | | Referred to Educational Psychology | | Yes/No |
| Request made by |  | | | | | | | |

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| --- | --- | --- | --- |
| 1. **What specifically are the SEND needs of the child?** | | | **For office use only** |
| **Possible area of SEND Need** | **Describe the child’s needs** | | **Low or High level of need (1 being lowest and 5 being highest)** |
| Personal, Social and Mental Health  Communication and Interaction  Physical & Sensory  Cognition and Learning | **Be succinct and simple state the main area of SEND need.**  **Describe any medical needs and attach a medical letter supporting this.** | |  |
| 1. **How does this impact on the child’s learning and development and accessing your early years provision?** | | | **For office use only** |
| **Give as much information as possible, clearly covering all relevant areas of learning and development, including how the child responds to each part of the session.** | | **Be specific here and describe clearly, the child’s barriers to learning and developing. What difficulties does the child have with accessing the provision?**  **Let us know in months, where the child’s learning and development is judged to be. Refer to an attached small steps assessment.** | **Low or High level of need (1 being lowest and 5 being highest)** |

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| 1. **What are you currently doing to support the child (The additional and different provision) and how is it different from other children of their own age?** | | **For office use only** |
| **Describe the additional and different provision at SEN Support, as part of your Graduated Response for SEND** | **In this section ensure you refer to your attached ILDPs for the child and review records.**  **Describe other activities that the adults are doing to support the child to enable them to access your provision successfully, however small they may be.**  **Discuss here how you work with other agencies to support the child.**  **Discuss how you are supporting the parents/carers to enable them to support the child well.** | **Low or High level of need (1 being lowest and 5 being highest)** |

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| **Please attach ILDPs and ILDP Reviews, therapy plans, medical letters, small steps assessment** |

**Section C – Each application MUST include the following evidence (please tick)**

|  |  |
| --- | --- |
| Application for ALFEY – Part 1 |  |
| Small Steps Assessment |  |
| Application for ALFEY – Part 2 (one for each child included in the application) |  |
| Recent ILDP for each child and the review meeting record |  |
| Other reports or relevant evidence |  |

**Section D – Parent Consent**

* I give consent for this application to the ALFEY Panel to be made, in order to help support the needs of my child in their early years setting. I confirm that I have been involved in the completion of this form and I am happy that any relevant information is shared with members of the ALFEY Panel.
* I give consent for this application to the ALFEY Panel, to be shared with any receiving Early Years Setting and/or school that my child will attend in the future, for the purposes of supporting my child’s transition arrangements.
* All panel members will follow the guidance from Torbay Council that clearly sets out processes and principles for sharing information internally and with third parties. The ALFEY Panel is made up of the following members:
* Advisory Teacher for Early Years Inclusion (Chair);
* Senior Early Years Advisory Teacher;
* Finance & Business Officer, Early Years;
* Business Support Officer SEN;
* Early Years Practitioner from a Torbay EY setting (voluntary) x 2

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

Send this form to:

**Due to COVID-19 all applications should be emailed rather than posted until further notice**

ALFEY@torbay.gov.uk

Business Support

Special Educational Needs Services

Children’s Services

2nd Floor (Room SF332) Electric House

Torbay Council

c/o

Torquay Town Hall

Castle Circus

TORQUAY

TQ1 3DR