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| **Initial SENDIF Application**  **Please return referral form to:**  [SENDIF@tameside.gov.uk](mailto:SENDIF@tameside.gov.uk) | | | | | | | | | | | | | | | |
| **Childs Name:** | | | | | | | | | | **DOB:** | | | | | |
| **Gender:** | | | | | |
| **Address:**  **Post Code:** | | | | | | | | | | **Ethnicity:**  **Religion:**  **Home Language:** | | | | | |
| **Telephone number:**  **Mobile:** | | | | | |
| **Name of Person/s with Parental Responsibility and Relationship to Child:** | | | | | | | | | | **Parents e-mail address:** | | | | | |
| **Is there a Section 23 in place?**  **Please answer Yes or No** | | | | | | |  | | | **Date of Section 23** | | | |  | |
| **Nursery Information** | | | | | | | | | | | | | | | |
| **Name of Nursery** | | |  | | | | | **URN/DfE** | | | |  | | | |
| **Address** | | |  | | | | | | | | | | | | |
| **Contact number** | | |  | | | | | | | | | | | | |
| **Email** | | |  | | | | | | | | | | | | |
| **Manager** | | |  | | | | | | | | | | | | |
| **SENDCo** | | |  | | | | | | | | | | | | |
| **EYFS Ratio** (for the age of the child & keyworker qualifications) | | | **1:5 1:8 1:13** | | | | | | | | | | | | |
| **Ofsted rating** | | | **Outstanding Good Requires Improvement Inadequate** | | | | | | | | | | | | |
| **Which criteria for the Free Entitlement Funding (FEF) is the child in receipt of?**  15 hours - 2 years offer.  15 hours – Universal 3 & 4 year offer.  30 hours – extended entitlement for working parents/carers. | | | | | | | | | | **FEF:** | | | | | |
| **Date of admission to nursery** | | | | | | | | | |  | | | | | |
| **SENDIF banding** | | | | | | | | | | | | | | | |
| **Date of consultation with EYQO for SEND** | | | | | | | | | |  | | | | | |
| **Name of EYQO** | | | | | | | | | |  | | | | | |
| **Level of SENDIF Banding requested.** | | | | | | | | | |  | | | | | | |
| **Child’s Category of need/s in order as defined in the Code of Practice** (Please indicate the child’s area of need, if the child has more the one area of need, please can you order the needs from their primary needs to subsequent needs, e.g. 1 = primary need, 2= secondary need etc.) | | | | | | | | | | | | | | | |
| **Cognition and Learning** | **Communication and Interaction** | | | | **Social, Emotional and Mental Health Needs** | | | | | | **Sensory, Physical and Medical Needs** | | | | |
|  |  | | | |  | | | | | |  | | | | |
| **Supporting documentation** | | | | | | | | | | | | | | | |
| **Current assessment Information** e.g., ASQ/ASQ-SE/Wellcomm/other assessment used in you setting/ including observations.  The evidence must show one or more areas of developmental difference and/or complex needs. This may present as a child being at least 12 months or more behind the expected ability in that area when compared with their peers (can include a summary or tracking information).  This current assessment information must be collaboratively gained from the parent/carer. | | | | | | | | | | **Assessment type:** | | | | | **Date completed:** |
| **Evidence of developmental progress**  This includes previous assessment information to illustrate the progress that a child has made since being within the setting:   * Baseline assessment conducted when the child initially attended the setting (can include a summary or tracking information).   If the baseline assessment was conducted over 6 months ago, include any previous assessments conducted. | | | | | | | | | | **Assessment type:** | | | | | **Date completed:** |
| **Evidence of assess-plan-do-review**  This includes the latest copy of the provision map. The provision map needs to include the child’s identified need, anticipated outcomes/SMART targets, description of provision [including staff time allocated to provide this support/any specialist equipment used] and response to provision); previous copies of provision maps are also required to evidence that cycles of assess-plan-do-review have taken place.  Settings should use the Early Years SEND Children Thrive document to support this process: [www.tameside.gov.uk/TamesideMBC/media/policy/Early-Years-(Tameside).pdf](http://www.tameside.gov.uk/TamesideMBC/media/policy/Early-Years-(Tameside).pdf) | | | | | | | | | | Provision Map | | | | | **Date completed:** |
| **Evidence of Person-Centred Planning**  This includes the following completed:  The child’s one page profile / pupil passport.  Any other evidence of person-centred meetings/documentation if appropriate (e.g. 4+1 Questions; Person Centred Review Meetings notes etc.). | | | | | | | | | | **Evidence provided:**  One page profile | | | | | **Date completed:** |
| **Education Psychologist** | | | | | | | | | | | | | | | |
| ***Request for Educational Psychology Involvement***  You may feel that the child you are applying for SENDIF may also benefit from additional professional support from the educational psychology service.  Educational psychologists work in partnership with families, schools, educational settings and other professionals to work towards positive outcomes for children where there are potential barriers to learning. A consultative approach is taken whereby EY setting staff, parents/carers and an educational psychologist come together to discuss what is working well, what is not working as well and what they can do to support a child to move forward.  **Educational psychology involvement will not be appropriate if you currently have other professionals involved in supporting a child through cycles of assess-plan-do-review.** Educational psychology support needs to be part of an EY settings graduated response in supporting a child.  EY settings need to have discussed whether educational psychology involvement is appropriate with the parent/carer before the box below is ticked.  For more information for EY setting and parents/carers please go to: [www.tameside.gov.uk/Education/Educational-Psychology-Service](http://www.tameside.gov.uk/Education/Educational-Psychology-Service) | | | | | | | | | | | | | | | |
| **Please indicate Yes or No in this box if you feel that this child may benefit from Educational Psychology involvement.** | | | | | | | | | |  | | | | | |
| If you have ticked this box, the child will be discussed at the SENDIF process meeting. If it is felt that educational psychology involvement is appropriate an educational psychologist will be in contact with the nursery. They will ask the nursery SENDCo to complete a request for involvement form, which includes gaining a parent/carer signature. Following a completed form an initial consultation will then be booked in. | | | | | | | | | | | | | | | |
| **Other professionals involved.** | | | | | | | | | | | | | | | |
| **Current Services/Agencies Involved** | | | | **Please tick** | | **Comments** e.g., report provided – *please attach any reports* | | | | | | | | | |
| Health Visitor | | | |  | |  | | | | | | | | | |
| Community Nursery Nurse | | | |  | |  | | | | | | | | | |
| Paediatrician | | | |  | |  | | | | | | | | | |
| Physiotherapy | | | |  | |  | | | | | | | | | |
| Occupational Therapy | | | |  | |  | | | | | | | | | |
| Speech and Language | | | |  | |  | | | | | | | | | |
| Feeding | | | |  | |  | | | | | | | | | |
| Orthoptic | | | |  | |  | | | | | | | | | |
| Visually Impaired service | | | |  | |  | | | | | | | | | |
| Hearing service | | | |  | |  | | | | | | | | | |
| Dental | | | |  | |  | | | | | | | | | |
| Children’s Social Care | | | |  | |  | | | | | | | | | |
| Early Help | | | |  | |  | | | | | | | | | |
| Tameside Outreach Support Service | | | |  | |  | | | | | | | | | |
| Child Looked After | | | |  | |  | | | | | | | | | |
| Child in Need | | | |  | |  | | | | | | | | | |
| CAHMS | | | |  | |  | | | | | | | | | |
| Other services (including consultants in specialist areas and their location) | | | | | | | | | | | | | | | |
| **Additional Information** | | | | | | | | | | | | | | | |
| **EHA in Place?**  Yes or No | | **CIN**  Yes or No | | | | **CP**  Yes or No | | | **CLA**  Yes or No | | | | **Early Years Pupil Premium?**  Yes or No | | |

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| **Signatures** |

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| Referrer  I have completed this form with the most current information held and I have discussed the application in full with the parents/ carers. | | | |
| Name of Referrer |  | Setting |  |
| Position held |  | Date |  |
| Signature (handwritten *pp*) |  | | |

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| Parents/Carers  I am in support of this request for SENDIF, the setting has fully involved me in discussions and planning for my child, I have been provided with a copy of this referral and the supporting documents. | | | |
| Name of Parent/Carer |  | Date |  |
| Signature (handwritten) |  | | |

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| Setting: Manager/ Head Teacher/Owner  I agree that the setting has used its best endeavours to meet the Special Educational Needs of this child. I am in support of this request for further and additional support than could be provided from our own resources.  **I confirm the child named above is accessing their Full Free Entitlement Hours** | | | |
| Name |  | Date |  |
| Signature (handwritten *pp*) |  | Position held |  |

**Once this form is completed, please email it to:** [**SENDIF@tameside.gov.uk**](mailto:SENDIF@tameside.gov.uk) **via Egress**

A green and white logo

Description automatically generated