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| **REVIEW SENDIF Application**  **Please return referral form to:**  [SENDIF@tameside.gov.uk](mailto:SENDIF@tameside.gov.uk) | | | | | | | | | | | | |
| **Childs Name:** | | | | | | | **DOB:** | | | | | |
| **Gender:** | | | | | |
| **Is there a Section 23 in place? Please answer Yes or No** | | | |  | | | **Date of Section 23** | | | |  | |
| **Nursery Information** | | | | | | | | | | | | |
| **Name of Nursery** | |  | | | **URN/DfE** | | |  | | | | |
| **EYFS Ratio** (for the age of the child & keyworker qualifications) | | **1:5 1:8 1:13** | | | | | | | | | | |
| **Current Ofsted rating** | | **Outstanding Good Requires Improvement Inadequate** | | | | | | | | | | |
| **Which criteria for the Free Entitlement Funding (FEF) is the child in receipt of?** (2YO **=**15hrs, Universal = 15hrs, Additional 15hrs = 30hrs) | | | | | | |  | | | | | |
| **Date of consultation with EYQO for SEND** | | | | | | |  | | | | | |
| **SENDIF banding request** | | | | | | | | | | | | |
| **Current Level of SENDIF & date agreed …** | | | | | | | **Band:** | | | | | **Date:** |
| **SENDIF revised Band 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 (visual impairment, Hearing Impairment) Physical and Medical Needs** | | | | | |
|  |  | |  | | | |  | | | | | |
| **Reason for a Review of SENDIF** | | | | | | | | | | | | |
| The SENDIF Funding term is coming to an end. | | | | | | | | | **Date funding ends:** | | | |
| Or Child has made significant progress | | | | | | | | |  | | | |
| Or APDR cycle identifies a higher band of funding would support further progress. | | | | | | | | |  | | | |
| Or Child is transitioning to a room/ PVI Setting/ Nursery Class where the EYFS ratio is higher. | | | | | | | | |  | | | |
| Or Identification through SENCo Surgery advice. | | | | | | | | |  | | | |
| Comments: (please expand to give further explanation) | | | | | | | | | | | | |
| **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 | | |
| **Supporting documentation attached**  **Please note evidence presented at the review should be within the last 12 weeks before the SENDIF Process Meeting** | | | | | | | | | | | | |
| **Current assessment Information** e.g., ASQ/ASQ-SE/ Wellcomm/ other assessment used in you setting/ EP | | | | | | | Date completed: | | | | | |
| **Review of developmental progress:** | | | | | | | Date completed: | | | | | |
| **Review of assess-plan-do-review:** e.g*.,* latest copy of a provision map, child’s responses to intervention | | | | | | | Date completed: | | | | | |
| **Review of Person-Centred Planning**: eg 4 +1 meetings, 1 page profile/pupil passport / all about me | | | | | | | Date completed: | | | | | |
| **Interventions which have taken place and progress made** | | | | | | | **C**omments: | | | | | |
| **Education Psychologist** | | | | | | | | | | | | |
| **Please indicate Yes or No in this box if you feel that this child may benefit from Educational Psychology involvement.** | | | | | | |  | | | | | |

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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 this SENDIF 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  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 is accessing their full Free Entitlement Funding (FEF Hrs)** | | | |
| 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