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| **Anticipatory SENDIF Application**  for **Exceptional Circumstances Only**  **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 – 3- & 4-year offer  30 hours – extended entitlement for working parents/carers. | | | | | | | | | | | | **FEF:** | | | | | |
| **Planned date of admission to nursery** | | | | | | | | | | | |  | | | | | |
| **Date of consultation with EYQO for SEND** | | | | | | | | | | | |  | | | | | |
| **Name of EYQO** | | | | | | | | | | | |  | | | | | |
| **SENDIF banding request** | | | | | | | | | | | | | | | | | |
| **Level of SENDIF requested.** (Band 1,2,3 or 4) | | | | | | | | | | | |  | | | | | | |
| **Reason for requesting exceptional funding** | | | | | | | | | | | | | | | | | | |
| **Comments:** | | | | | | | | | | | | | | | | | | |
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| **Name of previous setting** | | | | | | | | | | | |  | | | | | | |
| **Address** | | | | | | | | | | | |  | | | | | | |
| **Contact Number** | | | | | | | | | | | |  | | | | | | |
| **Email** | | | | | | | | | | | |  | | | | | | |
| **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** | | | | |
|  | |  | | |  | | | | | | | |  | | | | |
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| **Please indicate Yes or No in this box if you feel that this child may benefit from Educational Psychology involvement.** | | | | | | | | | | | | | | | | |  |
| **Supporting documentation** | | | | | | | | | | | | | | | | | |
| **Current assessment Information** e.g., ASQ/ASQ-SE/Wellcomm/other assessment.  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) .The 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. | | | | | | | | | | | | **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 to 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:** | |
| **Evidence of involvement with other professionals** This could be reports from Paediatricians, Portage or Health Professionals. | | | | | | | | | | | | **Evidence provided:**  Report | | | |  | |
| **Other professionals involved.** | | | | | | | | | | | | | | | | | |
| **Current Services/Agencies Involved** | | | | | | **Tick** | | | **Comments** e.g., report provided | | | | | | | | |
| Health Visitor | | | | | |  | | |  | | | | | | | | |
| Community Nursery Nurse | | | | | |  | | |  | | | | | | | | |
| Paediatrician | | | | | |  | | |  | | | | | | | | |
| Physiotherapy | | | | | |  | | |  | | | | | | | | |
| Occupational Therapy | | | | | |  | | |  | | | | | | | | |
| Speech and Language | | | | | |  | | |  | | | | | | | | |
| Feeding | | | | | |  | | |  | | | | | | | | |
| Orthoptic | | | | | |  | | |  | | | | | | | | |
| Visually Impaired service | | | | | |  | | |  | | | | | | | | |
| Hearing service | | | | | |  | | |  | | | | | | | | |
| Tameside Specialist Outreach Support Service (TSOSS) | | | | | |  | | |  | | | | | | | | |
| 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 | | | | **EHA in Place?**  Yes or No | | |

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| --- |
| **Signatures** |

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| Referrer  I have completed this form with the most current information held. 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 will be 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