



# Special Educational Needs Inclusion Fund & Support (SENIF) Request Form

Name of Setting: -----

Name of Child: -----

Date of request: -----

## Eligibility Criteria for SENIF

*Please Indicate*

First Request  Repeat Request  Date of initial request

Who is eligible to access SENIF

1. All 2-year olds and 3- and 4- year olds identified with a level of special educational needs and/or disability (SEND)
2. Under 2-year olds identified with a high level of need.
3. A child that attends an early year's provider in the London Borough of Ealing that is Ofsted registered and providing government funded places. (regardless of child's residency)
4. A child presenting with a level of special educational need as defined under one or more of the broad areas of need outlined in the SEND Code of Practice 0 – 25 years communication and interaction / cognition and learning / social, emotional and mental health needs / sensory and/or physical needs)
5. Children in Ealing settings who **do not** have an Education, Health and Care (EHC) Plan

*No eligibility criteria can fully cover all individual circumstances. A request for SEN Inclusion Funding may be considered on the grounds of exceptional circumstances.*

Who is **not** eligible to access SENIF

1. A child who is resident in Ealing and attending an out of borough provision (the SEN Inclusion Fund can be accessed by the Provider in that Borough)
2. A child that is attending an Early Year's Specialist provision.
3. A child that has an Education, Health & Care Plan (EHCP).
4. 4 Year old's in maintained, academy, free school or primary school in reception classes.
5. When it is deemed that high quality universal teaching strategies have not been part of the child's everyday strategies and interventions.

**Early Years Provider Details**

Name of Early Years provider	
Email and Telephone	
Full Postal Address	

**Child's Details and attendance (all sections must be completed)**

Name:	Gender	Start date at provision	Date of Birth	Chronological Age in months
	Male <input type="checkbox"/> Female <input type="checkbox"/>			

Funding – please indicate	2-year-old funding <input type="checkbox"/>	NEG (Nursery Education Grant) <input type="checkbox"/>	CIN -Child in Need Funding <input type="checkbox"/>
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Actual hours attending	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours per week	Weeks per year

Reason for Reduced Hours	Parental Choice <input type="checkbox"/> Hours Not Available <input type="checkbox"/> Other <input type="checkbox"/> Please explain .....
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EHAP	Is there an EHAP open? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> EHAP Number <input type="checkbox"/> Date of last TAF -----
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To your knowledge does the child attend another provision? Yes  No  Don't Know

Name of 2<sup>nd</sup> provision if known .....

**Additional Funding Accessed**

Is the child in receipt of Disability Living Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
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Is the setting in receipt of Disability Access Fund?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
Is the child in receipt for Early Years Pupil Premium?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
Is the child undergoing a statutory assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
When was the ERSA (Ealing request for statutory assessment) submitted? _____			
Is the child in receipt of Early Years Pupil Premium?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
Is the child In Receipt of an Education Health and Care Plan?			
Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>			

Parental Consent	
This request <b>MUST</b> have been discussed with parents and consent form signed and submitted with this request form	<input type="checkbox"/>
<i>Where a setting identifies a child as having SEN they must work in partnership with parents to establish the support the child needs (SEND Code of Practice, 2015).</i>	

Provide the most up to date assessment				
Personal Social and Emotional Development				
Making Relationships	Birth-11 <input type="checkbox"/>	8-20 <input type="checkbox"/>	16-26 <input type="checkbox"/>	26-36 <input type="checkbox"/> 30-50 <input type="checkbox"/>
Self Confidence &Self Awareness	Birth-11 <input type="checkbox"/>	8-20 <input type="checkbox"/>	16-26 <input type="checkbox"/>	26-36 <input type="checkbox"/> 30-50 <input type="checkbox"/>
Managing Feelings and Behaviour	Birth-11 <input type="checkbox"/>	8-20 <input type="checkbox"/>	16-26 <input type="checkbox"/>	26-36 <input type="checkbox"/> 30-50 <input type="checkbox"/>
Communication and Language				
Listening and Attention	Birth-11 <input type="checkbox"/>	8-20 <input type="checkbox"/>	16-26 <input type="checkbox"/>	26-36 <input type="checkbox"/> 30-50 <input type="checkbox"/>
Understanding	Birth-11 <input type="checkbox"/>	8-20 <input type="checkbox"/>	16-26 <input type="checkbox"/>	26-36 <input type="checkbox"/> 30-50 <input type="checkbox"/>
Speaking	Birth-11 <input type="checkbox"/>	8-20 <input type="checkbox"/>	16-26 <input type="checkbox"/>	26-36 <input type="checkbox"/> 30-50 <input type="checkbox"/>
Physical Development				
Moving and Handling	Birth-11 <input type="checkbox"/>	8-20 <input type="checkbox"/>	16-26 <input type="checkbox"/>	26-36 <input type="checkbox"/> 30-50 <input type="checkbox"/>
Health and Selfcare	Birth-11 <input type="checkbox"/>	8-20 <input type="checkbox"/>	16-26 <input type="checkbox"/>	26-36 <input type="checkbox"/> 30-50 <input type="checkbox"/>

**Area of need  
(please link to the 4 broad areas of SEN)**

Communication & Interaction	
Cognition and Learning	
Social emotional and mental health	
Sensory and Physical	

**Intervention already in place, other than what is ordinarily available (universal good quality teaching)**

**Example:**  
*Structured activities to encourage turn taking & sharing – facilitated by adult, social skills group*  
*Visual timetables/ sequences/choice boards*

**What you will use the SENIF for? Please provide costs if available**

**Note:** *What does the setting need to provide that is additional to and different from every day universal quality provision for all children in the setting?*

**Examples:**

*Purchase of resources to support specific interventions/strategies e.g. Attention Autism  
Reduce child to adult ratio in order to support child with SEND (not 1:1)*

**What is the Outcome desired?**

**Examples:**

*Can follow adult led activity with a now/next timetable  
Seeks out others to share experiences  
Can express their own feelings such as sad, happy, cross, scared, worried (verbally or with tools) in more positive way.  
Will be able to regulate and manage appropriate partner and group interactions eg wait turns, listen, attend for longer.*

**Give an overview and expand more of the child's progress in response to existing strategies/interventions used already mentioned above please attach attainment levels for last two terms with development bands)**

**Parent /carer views /comments**

The information provided in this form will be discussed by professionals to identify the support

your child needs in the setting. It will be held securely by Ealing and may be used by the Council and other partner organisations. Please sign the consent form to confirm that you agree with this request and sharing of information on your child.

*Where a child appears to be behind expected levels, or where a child's progress gives cause for concern, practitioners should consider all the information about the child's learning and development from within and beyond the setting, from formal checks, from practitioner observations and from any more detailed assessment of the child's needs. From within the setting practitioners should particularly consider information on a child's progress in communication and language, physical development and personal, social and emotional development. Where any specialist advice has been sought from beyond the setting, this should also inform decisions about whether or not a child has SEN.*

**Suggested Interventions** please visit <https://www.egfl.org.uk/topics/early-years/send-and-inclusion-early-years> information on interventions and the SEND toolkit.

I confirm that the details included in this form are accurate to the best of my knowledge. I have included all the relevant information. I agree to work in partnership with the LA and relevant health professionals to support the outcomes for the named child. This may include sharing examples of good practice. I am aware that I may be subject to a review visit to show use of funds.

<b>Signed</b>	
<b>Name</b>	
<b>Date</b>	
<b>Position</b>	

**Checklist:** Before you submit

Have you discussed with parents and enclosed the parental consent form? Yes

Have you enclosed supporting evidence? Yes

Have you enclosed developmental banding? Yes

Have you implemented and assessed impact of ordinarily available resources/strategies prior to making request for SENIF?

Yes

Please note that information on this form is sensitive personal data which should be handled appropriately. Providers are asked to pay note to advice from the ICO on holding personal data including sensitive personal data available at: <https://ico.org.uk/for-organisations/guide-to-data-protection/principle-3-adequacy>

**Please send securely to [inclusionsupportrequest@ealing.gov.uk](mailto:inclusionsupportrequest@ealing.gov.uk) one week prior to panel dates.**

Dear Parent/Carer

As you are aware child's name has been placed on the setting's Special Educational Needs (SEN) Support Register and in line with our regard to the SEND Code of Practice we work in partnership with parents to establish the support the child needs (SEND Code of Practice, 2015). To fully support your child, we can apply to the local authority for support through an Inclusion Package of support. Your consent is needed for this request.

Please read through the following and provide a signature at the bottom if you are in agreement.

The support provided by the Inclusion package could involve:

- Additional funding to enhance the provision through the Inclusion Fund.
- Discussions about your child with the setting Special educational needs coordinator (SENCO) and/or Key Person to provide ideas around additional strategies and interventions that may help to support your child's progress
- The Early Start SEND worker having access to written information with regards to your child e.g. summary reports observations, outside agency reports e.g. (speech therapy)
- Supporting with the development, implementation and review of Individualised planning to promote better outcomes. This could involve support with identifying and writing outcomes and targets
- Supporting the setting to make links with outside agencies and professionals from health, education and/or social care to promote co-ordinated working
- Supporting the setting with advice with regards to the Statutory Assessment process and applications to the SEN panel, including discussions when planning for school placements
- Supporting the setting at the point of moving to school
- Supporting the setting in planning how to use Inclusion funding that may be available to them that will enhance the provision for your child
- Making recommendations to the setting on appropriate courses to attend relating to your child's area of need
  
- Modelling / demonstrating appropriate specific / interventions, strategies and/or use of resources to help practitioners develop their knowledge and skills in supporting children with a range of needs
  
- As part of the team's involvement your child's details may be shared with the Special Educational Needs Assessment Service (SENAS) to support school placement planning.

**Parent Signature:**

I agree to the setting seeking further advice and support from the Early Start Ealing SEND worker

**Name of the setting:** \_\_\_\_\_ **Initials of Child:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please note that any discussions that take place with the Early Start SEND Worker regarding your child will be communicated to you by the practitioners at your child's setting.

**Appendix 1**

**Examples of Evidence that may support your request for SENIF**

Specialist Assessments	Reports	Pathways
Health ESCAN Specialist (e.g. VI teacher/Hi teacher) Diagnosis ISP's Developmental reviews (1year / 2 years) Assessments by Early Start	Professionals Nursery Hospital, Paediatrician Therapy  ASQ'S ages and stages questionnaires	Progression of child through health / SEN pathways  e.g. social and communication / complex needs pathway / EHCP pathway
Setting/ Context/ Interventions	Health Care	Diagnosis
Size Ratio Capacity Interventions offered Linked site (e.g. specialist CC provision/ARP) Level of setting support by EYC's (low/ middle/ high) Provision map	Health Care Plan Risk assessment Training (of staff e.g. epilepsy/epipen)	Consideration of impact on learning and development / and or therapies required
Setting based assessments	Parents views	
Developmental reviews by key persons in partnership with parents. 2-year progress summary	What have parents told you about their child's strengths / areas for development	