**Please note completion of this form is mandatory for monitoring purposes.**

|  |
| --- |
| 1. Early Years Provider Details
 |
| Name of Provider  |  |
| Contact Details  |  |
|  Name and role of person completing this form.   |  |

|  |  |
| --- | --- |
| Child Details  |  |
| Name:*First and surname*  |  |
| DOB  |  | Chronological age (months) |  |
| Level of attendance  | Full attendance [ ]  | Regular [ ]  (occasional absences)    | Infrequent [ ]    |
| Inclusion Package | Amount (£) | Support visits | No of terms allocated | Date of award |
|  | Yes [ ] No [ ]  | 1 [ ]  2 [ ]  3 [ ]  |  |

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| How has the SENIF been used to support this child? |
| **(A**)Purchase of equipment /any specialist resources to support a specific intervention [ ]   |
| **(B**)Staff training to up skill team to support the interventions used for the child [ ]   |
| (**C)**Build staff capacity within the setting (enhance staff ratios) to support child with SEND  [ ]   |
|  (**D**) Other, please provide more detail [ ]    |

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| Area of Spend A, B, C or D  | Cost: (***Note*** *if staff please state start and end date/ hours and rate)* |
|  |  |

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| Provide Details of the interventions and strategies implemented including context and frequency (targeted groups / special time/paired work with other children)  |
|  Intervention |   Frequency |
| 1.2.3. | Weekly [ ] Daily [ ] Other [ ]  |
| How have these interventions contributed to the targets that you are working on with the child? Please provide details of any individualised plans or targets.  |
|  |

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| **Provide the most up to date assessment**  |
| **Personal Social and Emotional Development**  |
| Making Relationships | Birth-11 [ ] 8-20 [ ]  |  16-26 [ ]  26-36 [ ]  | 30-50 [ ]  |
| Self Confidence &Self Awareness  | Birth-11 [ ] 8-20 [ ]  |  16-26 [ ]  26-36 [ ]  | 30-50 [ ]  |
| Managing Feelings and Behaviour  | Birth-11 [ ] 8-20 [ ]  |  16-26 [ ]  26-36 [ ]   | 30-50 [ ]  |
| **Communication and Language** |
| Listening and Attention  | Birth-11 [ ] 8-20 [ ]  |  16-26 [ ]  26-36 [ ]  | 30-50 [ ]  |
| Understanding | Birth-11 [ ]   8-20 [ ]  |  16-26 [ ]  26-36 [ ]  | 30-50 [ ]   |
| Speaking  | Birth-11 [ ] 8-20 [ ]  |  16-26 [ ]  26-36 [ ]  | 30-50 [ ]  |
| **Physical Development** |
| Moving and Handling  | Birth-11 [ ] 8-20 [ ]  |  16-26 [ ]  26-36 [ ]  | 30-50 [ ]  |
| Health and Selfcare  | Birth-11 [ ] 8-20 [ ]  |  16-26 [ ]  26-36 [ ]  | 30-50 [ ]  |

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| Any additional information and progress to demonstrate the impact of the SENIF. (personalised plans / assessments/reports parent’s views).  |
|  |

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| Child’s level of progress, based on your observations and assessments how has the SENIF contributed to the rate of progress**.** |
| Considerable progress (better than expected) [ ]   | Expected Progress [ ]   |  Little or No progress [ ]   |

**Declaration**

The information provided in this review form is accurate and I can confirm that the Special Educational Needs Inclusion Fund has been used for the purpose for which it was intended.

|  |  |
| --- | --- |
| Name of professional  |  |
| Signature  |  |
| Date |  |
| Position  |  |

Parent Signature

I have read the content of the Special Educational Needs Inclusion Fund review form and I am satisfied that the information provided is accurate and that the Funding has been used to include and support my child within the setting.

|  |  |
| --- | --- |
| Name of parent /carer  |  |
| Signature of parent care  |  |
| Date  |  |

**Checklist: Before you return**

All sections of the form are fully completed [ ]

Declaration sections are signed by both Provider and Parent [ ]

**Please return securely via Egress to** **inclusionsupportrequest@ealing.gov.uk**