**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 | |  |

|  |
| --- |
| 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 |

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

|  |  |
| --- | --- |
| 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. | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

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

|  |  |  |
| --- | --- | --- |
| 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**](mailto:inclusionsupportrequest@ealing.gov.uk)