**SEN Inclusion Fund (SENIF) Review**

**(Please complete this SENIF review and send to the County SEN Inclusion Fund Team if a continuation of funding at the end of an existing agreement is required)**

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| **Child’s name:** |  | **Need:** | Choose an item. |
| **Date of birth:** |  | **Current Age in months:** |  |
| **Setting name:** |  |
| **Number of hours attending:** | Choose an item. | **Date of completion:** | Click here to enter a date. |
| **Date SENIF agreed:** | Click here to enter a date. |

Please indicate the child’s current attainment in all aspects using E or D:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ELGs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 (40-60) |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |
| 5 (30-50) |  |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |
| 4 (22-36) |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |
| 3 (16-26) |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |
| 2 (8-20) |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |
| 1 (0-11) |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |
| Aspects | Making relationships | Self-confidence and self -awareness | Managing feelings and behaviour | Listening and attention | Understanding | Speaking | Moving and handling | Health and self-care | Reading | Writing | Numbers | Shape, space and measures | People and communities | The world | Technology | Exploring and using media and materials | Being imaginative |
| Areas of learning | Personal, social and emotional development | Communication and language | Physical development | Literacy | Mathematics | Understanding the world | Expressive arts and design |

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| Please detail how SENIF has been utilised to support the needs of the child |
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| Please detail how the Disability Access Fund (DAF) (if applicable) has been utilised to support the needs of the child |
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| Have you received support from a SENIF Practitioner? If so what was the impact of this? |
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| Please detail training attended as recommended at termly MAP meeting and how this has impacted on how you are able to support the child |
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| Parent’s views on how SENIF has made an impact for their child….. |
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| **Parent Name** |  |
| **Key Person Name** |  |
| **Date** |  |

This Review Form is only required to be completed when you are requesting a continuation of SENIF at the end of an existing agreement. It should be sent to SENIF@kent.gov.uk with the other required request evidence, to support a further request for SENIF.