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|  ***Child’s details*** |
| **Child’s Legal Name** |  | DoB |  |
| Main area of need: | Choose an item. | Date of admission |  |
| Parent/Carer name: |  | Parent/Carer Phone number |  |
| Parent/Carer address: |  |
| Parent/Carer E-mail address: |  |
| Child in Care (CiC)? | Choose an item. | If CiC, which Local Authority has responsibility for the child? *Leave blank if Kent* |  |
| ***Child’s eligibility for Early Education Entitlement*** |
| Eligible for: | Choose an item. | Eligibility Number (extended entitlement only):  |  |
| Extended entitlement applicant national insurance number: |  | Primary School expected date of entry  | Choose an item. |

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|  ***Your Setting’s details*** |
| **Setting Name:**  |  |
| Ofsted URN: |  | District: | Choose an item. |
| Setting Latest Ofsted Judgement: | Choose an item. | Date of Judgement: |  |
| Your setting contact address: |  |
| Your setting contact email address: |  |
| Your setting phone number:  |  |
| Is your setting registered to take Free for Two? | Choose an item. |

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|  ***Other Setting(s) details*** |
| Name of Childminder, if attending: |  | Hours attended (per week): | Choose an item. |
| Details of second PVI setting, if attending two:  |  | Hours attended (per week): | Choose an item. |
| Has a Specialist Intervention been requested?  |  Choose an item. |

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| ***Child’s Attendance, Needs and Support*** |
| **Current** **Attendance Pattern – (please select number of hours per session)** |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM** | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **PM** | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| *If a child’s attendance changes please resubmit this request form with the new attendance pattern updated above and indicate date pattern changed here:* **Click here to enter a date.** |

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| ***Essential information in the last 12 months*** |
| Pre-LIFT contact with E&I Team: Choose an item.  |  Date of last contact: Click here to enter a date. |
| Previously discussed at EY LIFT: Choose an item. |  Date of meeting: Click here to enter a date. |
|  If Portage involvement, has a joint home visit taken place? | Choose an item. |
|  If Portage involvement, has setting taken case to LIFT to access STLS support? | Choose an item. |
| Initial visit from STLS: Click here to enter a date.  |  Date of last visit: Click here to enter a date. |
| Name of STLS Teacher: |  |

If this child is not known to STLS or Portage it may not be appropriate to be applying for SENIF. The FAQs and Graduated Response Tool <https://www.kelsi.org.uk/special-education-needs/special-educational-needs/senif> can help you clarify the next step.

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| **Child’s current needs**  |
| Please indicate any formal diagnosis, adverse childhood experiences or other relevant information (including any mobility difficulties) that may impact on the child’s development to support your request for SENIF: |
| *Please provide a pen picture for each need listed to support the judgements made below.* ***Please also detail how SENIF would be used in each area to support the child in relation to Personalised/Individualised Interventions and Targeted Group Work.*** *Please note recruiting additional staffing, references to augmented support and enhancing ratios does not need to be detailed here.* |
| **Frequency** | **Child’s Needs** |
| **Choose an item.** | **has significant difficulties parting from carer (start/end of their session)** |
| The above frequency has been selected because: |
| SENIF would be used to support the child with this area of difficulty by: |
| **Choose an item.** | **has difficulties interacting with other children and adults in the pre-school environment** |
| The above frequency has been selected because: |
| SENIF would be used to support the child with this area of difficulty by: |
| **Choose an item.** | **struggles to manage own personal care needs independently (toileting and hygiene routines)** |
| The above frequency has been selected because: |
| SENIF would be used to support the child with this area of difficulty by: |
| **Choose an item.** | **struggles to choose and engage in activities independently at child-initiated times** |
| The above frequency has been selected because: |
| SENIF would be used to support the child with this area of difficulty by: |
| **Choose an item.** | **has difficulties following instructions from an adult in a small group** |
| The above frequency has been selected because: |
| SENIF would be used to support the child with this area of difficulty by: |
| **Choose an item.** | **difficult for adults to understand child’s speech/communication method**  |
| The above frequency has been selected because: |
| SENIF would be used to support the child with this area of difficulty by: |
| **Choose an item.** | **struggles to feed independently (would be unable to access snack/lunch if support was not provided)** |
| The above frequency has been selected because: |
| SENIF would be used to support the child with this area of difficulty by: |
| **Choose an item.** | **demonstrates repetitive play skills when independently choosing** |
| The above frequency has been selected because: |
| SENIF would be used to support the child with this area of difficulty by: |
| **Choose an item.** | **struggles with transitions during the session (excluding start/end of their session)** |
| The above frequency has been selected because: |
| SENIF would be used to support the child with this area of difficulty by: |
| **Choose an item.** | **requires additional visual or verbal cues to support understanding** |
| The above frequency has been selected because: |
| SENIF would be used to support the child with this area of difficulty by: |
| **Choose an item.** | **struggles to understand danger awareness in the setting environment** |
| The above frequency has been selected because: |
| SENIF would be used to support the child with this area of difficulty by: |

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|  ***Other Agency Involvement*** |
| Please indicate other agency involvement (please tick all relevant professionals) Additional reports may be required for clarification of need and support. |
|[ ]  Paediatrician |[ ]  Occupational Therapy (OT) |
|[ ]  Speech and Language Therapy (SaLT) |[ ]  Physiotherapy |
|[ ]  Social Worker |[ ]  Early Help Notification made |
|[ ]  NHS Children’s Care Coordination Team (previously Keyworkers) |[ ]  Portage: Choose an item. |
| Name of Portage Practitioner (if applicable) |  |

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|  ***Setting* *Training Record*** *Courses must have been attended by current staff members within the last 3 years* |
| **Training course attended** | **Please tick** |  **Date attended** |
|  **Universal Training/Centrally Funded** |
| Prime Importance of Communication & Language (PICL) |[ ]   |
| Early Years SENCo training |[ ]   |
|  **Targeted Training** |
| Targeted level language training |[ ]   |
|  Best Practice Guidance training |[ ]   |
| Assessment in the Early Years |[ ]   |
|  **Specialised Training** |
| Autism awareness for Early Years |[ ]   |
| Down Syndrome |[ ]   |
| Emotional Regulation (SEMH) |[ ]   |
| Risk assessments and care plans |[ ]   |
| Portage training |[ ]   |
| Speech day workshop (SaLT) |[ ]   |
| Small steps for great gains (C&L) |[ ]   |
| Other (please supply details):  |  |

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|  ***Other Funding Streams*** |
| Is the family in receipt of Disability Living Allowance (DLA) for this child? | Choose an item. |
| Is your setting in receipt of Disability Access Fund (DAF) for this child? Choose an item.How do you utilise this funding?  |
| Is the setting in receipt of Early Years Pupil Premium (EYPP) funding for this child? Choose an item.How do you utilise this funding?  |
| Is the family in receipt of funding through a Continuing Healthcare Plan? Choose an item. |

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|  ***Declaration*** |
| Has parental agreement been sought?Choose an item. | Date agreement given:Click here to enter a date. |
| * It is the responsibility of the setting to hold the agreement to engage from the PCi2 part of the EY LIFT Referral form or Portage referral form.
 |
| * It is the responsibility of parent/carer to arrange and provide transport for their child to any pre-school setting including specialist observation and assessment placements.
 |
| Name of setting representative completing the form:  |  |
| Role at the setting:  |  |
| Date: Click here to enter a date. |

Please send securely to the County SEN Inclusion Fund Team at SENIF@kent.gov.uk and copy to your Specialist Teacher **or** Portage depending on who this child is known to.

**Have you included the following the following pre-existing mandatory evidence (please tick)**

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|  | **CHECKLIST** |
|  | Completed SEN Inclusion Fund Request Form |
|  | Reviewed Personalised Plan(s), including attainment |
|  | Current Personalised Plan, including current attainment |
|  | Most Recent STLS Record of Visit\* |
|  | \*Sensory Service Record of Visit (for children with HI/VI/MSI) |
|  | \*Portage Profile (for children not yet attending a PVI/Maintained Setting) |

If you are unable to send securely via email please post recorded delivery to County SEN Inclusion Fund Team, Special Educational Needs, Kent County Council, Kroner House, Eurogate Business Park, Ashford, Kent. TN24 8XU