

Early Years Inclusion Funding Impact and Renewal Application - Form B

It is a requirement to complete and return this document if you have accessed Early Years Inclusion Funding in order to evidence the impact of Inclusion funding. It is also a requirement to return the 'Record of Intervention and Support' for each term that funding has been allocated.

If you wish to reapply for the same child, you will need to complete all of Form B.

Failure to complete and return these documents may result in future requests for funding not being considered.

Child Information	
First name(s)	
Surname (in uppercase)	
Date of birth	

Placement Information	
Name of early years provider (Please use Ofsted registered name)	
Email (to be used for all correspondence related to Early Years Inclusion Funding)	

Confirm previous use of Early Years Inclusion Funding	
How has the Early Years Inclusion Funding been used to support the child? (Please tick relevant boxes) – this will be checked against initial EYIF Request	
<input type="checkbox"/>	To build capacity within the setting with additional staffing to support specific interventions/strategies for the child with SEND
<input type="checkbox"/>	Specialist or one-off training to upskill whole team or staff member(s) linked to the individual child's needs
<input type="checkbox"/>	Purchase of resources/equipment to support specific interventions/strategies
<input type="checkbox"/>	Other, please provide additional information:

Impact of Early Years Inclusion Funding		
Over the time that funding has been provided, has the child made progress in relation to:		
Targets relating to the child's IEP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EYFS Development Matters / Birth to 5 Matters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you ticked 'No', please provide further information on possible reason(s) for this		

Child's level of attendance at setting over the period of funding		
<input type="checkbox"/> Infrequent	<input type="checkbox"/> Regular	<input type="checkbox"/> Full (no absences)

Early Intervention Information

Child is on your SEND Support Register	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assess, plan do, review / IEP is in place and being implemented	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Advice from outside agencies/professionals being implemented	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Intervention / Strategy	Targeted Plan and/or other professional advice/reports	Impact and progress <small>(Exceeded, Fully Met, Partially Met, Not Met) (Made limited / expected / rapid progress)</small>	Frequency (= hours per week) if relevant

Specialist or one-off training to upskill whole team or staff member(s) linked to individual child's needs

Name of Training & Provider	Cost of training	Total Cost

Purchase of resources / equipment to support specific interventions / strategies (receipts should be kept and available on request)

Description of resource / equipment	Where resource was purchased	Total Cost

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Renewal for Early Years Inclusion Funding
How do you intend to use the Early Years Inclusion Funding if renewed? Please complete to be considered for a reapplication.

- To build capacity within the setting with additional staffing to support specific interventions / strategies for the child with SEND
- Specialist or one-off training to upskill whole team or staff member(s) linked to individual child's needs
- Purchase of resources / equipment to support specific interventions / strategies

If you only ticked to 'Purchase resources / equipment' you must provide a description along with total cost

Description of Resources / Equipment	Total Cost

- Other

If you ticked 'Other', you must provide a description along with total cost

Description of Resources	Total Cost

Please ensure that you send any supporting evidence / assessments / reports that you have available from outside agencies / external professionals.

Assessment Information (Referring to Birth to 5 Matters non-statutory guidance for the EYFS provide current assessment information) – Please ensure box is checked in both Range and Emerging / Developing / Secure

State age of child in months at point of assessment

Personal, Social and Emotional Development	Range						Emerging	Developing	Secure
	1	2	3	4	5	6			
	0 - 12 months	12 - 18 months	18 - 24 months	24 – 36 months	36 - 48 months	48 - 60 months			
Making relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication and Language	Range						Emerging	Developing	Secure
	1	2	3	4	5	6			
	0 - 12 months	12 - 18 months	18 - 24 months	24 - 36 months	36 - 48 months	48 - 60 months			
Listening and attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Development	Range						Emerging	Developing	Secure
	1	2	3	4	5	6			
	0 - 12 months	12 - 18 months	18 - 24 months	24 - 36 months	36 - 48 months	48 - 60 months			
Moving and handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional assessment information that you have completed to support the above judgements

Descriptors of need: Please provide quality statements in each section below referencing each of the areas / describing the nature of the child's needs (*Insufficient information will result in the request being declined*)

Communication and interaction

- *Listening and attention*
- *Understanding*
- *Expressive communication/speaking*
- *Social interaction*

Cognition and learning

- *Learning style (refer to characteristics of effective learning)*
- *Play skills and imagination*

Social, emotional and mental health difficulties

- *Separation/setting*
- *Making relationships*
- *Managing feelings and behaviour (self-regulation)*
- *Managing changes/transitions*

Sensory and/or physical needs

- *Gross motor skills*
- *Fine motor skills*
- *Sensory*

Hygiene and personal needs

- *Feeding*
- *Toileting*

What do you consider overall level of need to be? This is an indicator and does not determine the outcome of the EYIF Panel's decision (please tick/check only one box):

Moderate

Severe

Significant

Profound/Complex

Early Years Provider Declaration

I confirm that the information provided in this EYIF Review Document is accurate.

I confirm that the Parent/Carer is aware their personal data and that of their child will be processed in accordance with UK data protection legislation on the basis of public duty to comply with legislation such as the Children and Families Act 2014. They have also been made aware of the full Children's Social Care, Education and Early Intervention Privacy Notice available at <https://www.slough.gov.uk/data-protection-foi/privacy-notices>.

Name of professional who has completed Review Document

Designated role

Date

Returning by email:

To ensure compliancy with General Data Protection Regulations (GDPR), please ensure the EYIF Request Form are sent securely to eyinclusion@slough.gov.uk, using a Egress email account.

Returning by post:

Send to:

Early Years
EYIF Review
4th Floor – Observatory House
25 Windsor Road
Slough
SL1 2EL