**Slough Early Years Service**

**Special Educational Needs Inclusion Grant**

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| --- | --- | --- |
| **Office Use only** | **Application Part A date received** |  |
| **Outcome** | **Awarded amount** | **Panel date** |
| Amount requested: |  |  |  |
| Grant Ref: | **Approval signature:** | **Resubmission date:** |
| **Provider notified of the outcome:** |

**Application Form – Part B**

**Contact details**

|  |
| --- |
| Setting name: |
| Contact name: |
| Position: |
| Address:  |
| Telephone: | Post Code: |
| Email: |

**Date submitted:**

**Signed:**

**Print name:**

*Please note this page will be removed before submitting to the panel*

|  |
| --- |
| Office Use Only |
| **Reference** |  |

**Slough Early Years Service**

**Special Educational Needs Inclusion Grant**

**Application Form**

**Setting type**

Day nursery Children’s Centre

Pre-School Childminder

Nursery School Nursery Class in a Primary School

**How many children attending the setting:**

|  |  |
| --- | --- |
|  | Number of children |
| Have an Education, Health and Care plan |  |
| Are working towards an Education, Health and Care plan |  |
| Are in receipt of 1:1 inclusion funding |  |
| May have SEND but have not yet started the process for an Education, Health and Care plan |  |
| Are in receipt of the Disability Access Fund |  |

**Application Information**

|  |  |
| --- | --- |
| **Type of application** | **Please tick** |
| Portable resources or equipment |  |
| SEND specific training |  |
| Additional capacity  |  |
| Other |  |
| Other  |  |

Please provide a breakdown of what the grant will be used for and please include further details in your supporting evidence

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| --- | --- |
| **Description** | **Amount** |
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|  |  |
|  |  |
|  **Total:** |

***Please include here any additional Information to add from Part A of the application***

|  |
| --- |
| Please describe the nature of the child’s needs / difficulties / presenting special educational needs; how this creates a barrier to their inclusion and how do you intend to use the early year’s inclusion grant to improve outcomes for the child. Please give specific targets, anticipated outcomes and how these could be achieved (strategies). |
| **Need identified (and the barrier created to the child’s learning)** | **Suggested outcome (what should the child be able to do at the end of the funding period)** | **Strategies (how will the grant help the suggested outcome)** |
| **Example** | JP appears to be highly anxious at times and can hurt others to ‘escape’ situations. He is unable to access some group activities because of this. | JP to be able to access a ‘safe’ area when he is feeling overwhelmed with minimal adult prompting.JP will have a clearly reduced need to ‘escape’ and be able to access some group activities which were previously difficult for him.  | * Use of a ‘cosy cave’ and calming toys for JP
* Visuals for JP to indicate he wants to go to the ‘cosy cave’
* Targeted exercises to support his emotional regulation.
* Recording of incidents to understand triggers and reduce these for JP
* Initial adult modelling
 |
| AD is not yet able to sit down at story time and runs around aiming to lick objects in her path | AD will be able to sit and engage with adult led group activity for up to three minutesAD will watch and take part in circle time from a distance in the first instance | * Identifying positive reinforcers for AD
* Using tools to engage AD for up to one minute, building up to three minutes over the term
* Discussing engagement strategies with outside agencies
* Offer AD chewing sticks / objects
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|  |  |  |  |

If you are applying for this inclusion grant for a child who is in receipt of EYPP, DAF or any other SEN funding, please outline how these funds will contribute to improving outcomes for the child?

How many hours per week does the child attend your provision?

Is the child in receipt of 2 year old funding at your provision? YES / NO

Is the child in receipt of 3 & 4 year old universal funding at your provision? YES / NO

Is the child in receipt of 3 & 4 year old extended entitlement at your provision? YES / NO

Child’s start date at the setting

Date:

Local Offer was last updated

Do you require a priority process and need a 7 working day panel turn around? *You will need to add a statement to your application explaining why this is needed.*

Please Tick if required

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**Supporting evidence**

In order to support your application you may choose to provide relevant supporting evidence, such as:

* An Inclusion Policy
* Risk Assessment
* Summary of the co-production planning meeting
* IEP information
* Proof of application to other funding streams that have been unsuccessful
* Evidence of external support
* Images of resources or equipment
* An outline of the training packages required
* Support for the request and evidence of it’s benefit from other professionals engaged with the setting

*Please outline what supporting evidence you have included and what the supporting document evidences*

|  |  |
| --- | --- |
| Document | Outline of evidence |
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