



Application for High Needs Funding and/or Statutory Assessment - Early Years (school nursery/setting)

SEN Assessment Team
 Swindon Borough Council
 Wat Tyler House,
 Beckhampton Street,
 Swindon, SN1 2GH
April 2016 to March 2017

Guidance on making a request

This application should be used to request additional funding in order to meet additional SEN needs and/or request a statutory assessment (EHC Needs Assessment)

Early years settings and schools can find useful documents on making a request for an EHC Needs Assessment on the [Swindon Local Offer website](#).

Settings should consult the Good Practice Guide and the Criteria for EHC Needs Assessment documents which will help you to make your application.

Are you applying for an EHC Needs Assessment?

Yes No

Have you completed and attached a review of an Early Help Record and Plan or Child in Need Review, LAC Review etc.?

Yes No

Is the child in receipt of funding for 2 year olds?

Yes No

Are you seeking additional funding? If so, please state how many hours per week child receives Early Years Education below

Yes No

1. Child Details

Full Name			
School or Setting			
Date of Birth		Age(months):	
Ethnicity		Language	
Home Address			
Parent(s)/Carer(s)/person responsible			

Address if different to above	
Contact telephone number	
Email address	
Is the child subject to a Care Order where the LA shares parental responsibility?	
Is the child accommodated under Section 20 of the Children Act 1989?	
Are these details different from those on the statement/ECHP/MOP?	

2. Special Educational Need

Use the banding descriptors to judge a 'best fit' banding level (from 1 to 6) for all main areas of difficulty (not all difficulties will need to be completed). Please also indicate the type of difficulty. Where more than one main area of difficulty has been completed, please identify which area is the primary need. Please also indicate if any additional needs apply (e.g. medical needs etc.).

Main area of difficulty	Type of difficulty
Cognition and Learning	Primary Need? <input type="checkbox"/> Band <input type="checkbox"/> SpLD <input type="checkbox"/> MLD <input type="checkbox"/> SLD <input type="checkbox"/> PMLD <input type="checkbox"/>
Communication and Interaction	Primary Need? <input type="checkbox"/> Band <input type="checkbox"/> SLCN <input type="checkbox"/> ASD <input type="checkbox"/>
Physical and Sensory	Primary Need? <input type="checkbox"/> Band <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> PD <input type="checkbox"/> MSI <input type="checkbox"/>
Social, Emotional, Mental Health	Primary Need? <input type="checkbox"/> Band <input type="checkbox"/> SEMH <input type="checkbox"/>
Other (please specify)	<input style="width: 100%; height: 20px;" type="text"/>
Medical Needs	<input type="checkbox"/>
Uses British Sign Language	<input type="checkbox"/>
Uses Alternative Augmentative communication	<input type="checkbox"/> <i>e.g. Signalong, PECS</i>
Autistic Spectrum Disorder diagnosis	<input type="checkbox"/> <i>Please attach medical evidence</i>

Requires regular 1 to 1 or 2 to 1 manual handling

Alternative methods of recording

Risk Assessment/Health & Safety needs

Proposed Universal banding (1 to 6)

Please state below the reasons that the child falls into this proposed band. Please send in a copy of the Banding Descriptors with your highlighted sections to support the application. Please refer to the Universal Bandings and Early Years Graduated Approach document (section 4 in Swindon Early Years SENCO Handbook) for support with this section. Both documents are available in the EY Resources area of 'schoolsonline'.

3. Attainment and Progress

Please refer to Guidance Criteria and Progression Guidance for EHC Needs Assessment. Please note this section can be included within the Early Help Record and Plan.

Have you Completed an EYFS Developmental Summary? (see page 5) Yes No

4. Other agencies involved

Please attach reports from other professionals **only** if they contain supporting evidence to substantiate this application. *(Please add your Early Years Consultant below if relevant)*

Early Years Consultant Involved:

Agency	Named Contact	Report Attached	Date of Report	If report not within last 6 months please explain why

5. View of the child/young person

Has this application been discussed with the child/young person? Yes No

6. View of the parent/carer

Please attach the parent/carer contribution (as an appendix) if made. If a contribution has not been made, please outline below the actions you have taken to gain a contribution

7. Signatures and checklist

By signing this request you are giving consent for the Consultant Community Paediatrician to provide a report for the assessment, if required. Please note unsigned requests will be returned.

Parents have signed their agreement to this request and made a contribution? Yes No

All reports listed are enclosed, dated and signed? Yes No

Sections 1, 2 and 3 are fully completed? Yes No

Manager/Senco	Print:	Sign:	Date:
Parent/Carer	Print:	Sign:	Date:

Please submit this form to:

SEN Assessment Team
 Swindon Borough Council
 Wat Tyler House,
 Beckhampton Street,
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EYFS Developmental Summary Chart	Setting:	Date Completed:
Child Name:		Chronological Age:
PLEASE INDICATE PROGRESS BELOW USING CODE: W=working within, E=emerging , S=secure		

	Prime								Specific								
	Personal, Social & Emotional			Communication & Language			Physical		Literacy		Mathematics		Understanding the World			Expressive Arts and design	
	SC & SA	MF & B	MR	L & A	U	S	M & H	H & SC	R	W	N	SS & M	P & C	W	T	E & U M & M	BI
40 – 60+ months																	
30 – 50 months																	
22 –36 months																	
16 – 26 months																	
8 –20 months																	
0 – 11 months																	