



# Request for a change in High Needs Funding – 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 a change in funding, either an increase or decrease, for a child already in receipt of High Needs top up funding (with or without a Statement/EHC Plan). This application should be submitted as an appendix to Annual Review paperwork for a child with a statement or EHC Plan or as part of a review of the Early Help Record and Plan for those children without a statement or EHC Plan.

Are you seeking an increase/decrease to existing High Needs funding? Yes  No

Have you completed and attached a review of an Early Help Record and Plan or Child in Need Review, LAC Review etc. or a full statutory review for a child with a statement/EHCP? Yes  No

## 1. Child Details

|                          |  |
|--------------------------|--|
| Full Name                |  |
| School/Setting Placement |  |

## 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 type="text"/>                   |   |
| Medical Needs                    | <input type="checkbox"/>               |   |

- Uses British Sign Language
- Uses Alternative Augmentative communication  *e.g. Signalong, PECS*
- Autistic Spectrum Disorder diagnosis  *Please attach medical evidence*
- Requires regular 1 to 1 or 2 to 1 manual handling
- Alternative methods of recording
- 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.

### 3. Request for additional Funding

If a review of child's progress and evaluation of provision made shows that further, additional support is needed, **evidence should be recorded and attached to this application**. This can be in the form of reports from outside professionals, additional assessments made since previous request for funding, and/or review of Early Help Record and Plan.

### 4. View of the child/young person

Has evidence that this application has been discussed with the child/young person been included within the annual review paperwork? Yes  No

### 5. View of the parent/carer

Has evidence that this application has been discussed with the parent /carer been included within the annual review paperwork? Yes  No

### 6. 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 and are dated and signed?

Yes  No

All relevant sections fully completed?

Yes  No

|               |        |       |       |
|---------------|--------|-------|-------|
| Manager/SENCO | Print: | Sign: | Date: |
| Parent/Carer  | Print: | Sign: | Date: |

Please submit this form to:

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Swindon Borough Council  
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