

INCLUSION WORKS CONTINUED SUPPORT - EARLY YEARS TERM TIME



Please ensure information from parent/carer is completed and signed

| | | | |
|---|----------------|-----------------------|-----------------|
| Child's Name: | Date of Birth: | Hrs attending: | |
| Address: | | Monday | AM..... PM..... |
| Name of Provider: | | Tuesday | AM..... PM..... |
| Contact Name: | | Wednesday | AM..... PM..... |
| Address & Postcode: | | Thursday | AM..... PM..... |
| Tel: | | Friday | AM..... PM..... |
| Email: | | | |
| Name of Inclusion Worker: | | | |
| Qualification (NVQ 3 or equivalent): | | | |
| CRB Number & date approved: | | | |

| Please indicate how many hours per session are required (max 3 hrs) | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | |
|---|--------|----|---------|----|-----------|----|----------|----|--------|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |

Provide details of how the support previously allocated has been used:

In order to evaluate how the additional support has helped the child, please indicate on the scale below where you feel he/she is now **1 = low and 5 = high level** 1 2 3 4 5

Please state what progress has been made and how continuation of funding will benefit the child:

Have there been any changes to the lead professional currently supporting the child. (Please include name and contact details)

Please indicate main area of need that is preventing the child from accessing the provision without additional funding for support (Source: SEN Code of Practice 2001 p86-89)

| | | | |
|---|---|--|--|
| Cognition & Learning e.g. moderate/severe /profound learning difficulty or a specific difficulty dyslexia/dyspraxia | Communication & Interaction e.g. speech & language delay, impairment/disorder, hearing impairment, ASD | Behaviour, Social & Emotional e.g. withdrawn, isolated, disruptive, challenging behaviour, hyperactive, lack concentration | Physical & Sensory e.g. profound/permanent deafness, visual impairment, physical impairment caused by physical, neurological or metabolic causes |
|---|---|--|--|

Signature SENCo / ManagerName (please print):Date:

Signature of parent / carerName (please print).....

Condition of Funding: This form should always be supported by a written request from the lead supporting professional allocated by the Early Years Forum/Single Point of Contact, an EYFS summative assessment and an up to date IEP with Impact/Outcome record sheet.

It will not be considered alone.

Please send to: Inclusion Works, Early Years Service, Education, Learning and Family Support, Plymouth City Council, Windsor House, Tavistock Road, Plymouth, PL6 5UF Tel: 01752 307559 Email:earlyyears@plymouth.gov.uk