INCLUSION WORKS EARLY YEARS TERM TIME FUNDING (FORM 1)

Please ensure information from the parent / carer is completed and signed

Child's Name:	Date of Birth:	**Hrs attending:**		
Name of Provider:		Monday	AM……	PM……
Contact Name:		Tuesday	AM……	PM……
Address & Postcode:		Wednesday	AM……	PM……
		Thursday	AM……	PM……
Tel:		Friday	AM……	PM …..
Email:				
Date child started in the provision:				
Name of Inclusion Worker:				
Qualification (NVQ3 or equivalent):				
Enhanced CRB Number & date issued:				

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

Please give a clear description of the child's specific requirements and reasons for additional support:

In order to assess level of support required please indicate where you would place the child's level of need:

1= low and 5 = high level 1 2 3 4 5

Current concerns/implications for the provider and any strategies that have been implemented:

Please state all professionals currently supporting the child (name, contact number)

Please indicate main area of need that is preventing the child from accessing the provision without additional funding for support

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	e.g. speech & language delay, impairment/disorder, hearing impairment, Autistic Spectrum Disorder		e.g. withdrawn, isolated, disruptive, challenging behaviour, hyperactive, lack concentration		e.g. profound/permanent deafness, visual impairment, physical impairment caused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

Source: SEN Code of Practice 2001 p86-89

Signature SENCo/Manager ……..…….. Date: ……

Name (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. <u>It will not be considered alone</u>

Parent / carer to complete

Child's Name:

Gender:

Parent / Carer name:

Address:

Postcode:

Tel No:

Email address:

What are your child's strengths and interests?

Please give a brief description of your child's needs and any concerns you may have at home

Parent / Carer Name:……..……..……..……

Parent / Carer Signature:……..…….. Date:……..……

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