**ELEMENT 3 FUNDING REVIEW &REAPPLICATION FORM**

**FOR: Schools/Settings and Childminders**

**REQUIRING ADDITIONAL FUNDING FOR**

**Pre F1, F1 AND F2 PUPILS**

**Where a continuation of funding is required, settings/schools will need to demonstrate that the pupil’s progress towards achieving outcomes continues to require support which is additional to and different from that which is available from the delegated**

In completing this reapplication form please attach relevant documentation as evidence and refer to these in the application.

**Please indicate which documents you will be submitting to Special Education Service (SES).**

**You must include**

|  |  |
| --- | --- |
| Child passport |  |
| EYFS Tracker |  |
| Next steps profile |  |
| External agency reports (at least 1) |  |

**You can also include**

|  |  |
| --- | --- |
| Minutes of reviews and other meetings |  |
| Integrated 2 year review |  |
| Timetable of current provision |  |
| Timetable of additional and different support |  |
| Current monitoring forms/individual planning record(EYST) |  |
| Positive behaviour plan/risk assessments/ABC charts |  |
| ASD tracker |  |
| Personal education plans (PEP) |  |
| Early Help referral |  |
| Other |  |

Name of school, setting or childminder………………………………………………………………

EY Single Funding Formula Number (was NEG No.) ……………………………………………..

**Section 1: PUPIL INFORMATION**

Child’s Full Name …………………………………………………………………………..

Date of Birth …………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| Gender  ***(please tick box)*** | Male | Female |

|  |  |  |  |
| --- | --- | --- | --- |
| African Asian |  | Bangladeshi |  |
| Indian |  | Other Asian |  |
| Other Asian |  | Pakistani |  |
| Other Black African |  | Black Caribbean |  |
| Any other Black Background |  | Somali |  |
| Chinese |  | White/Black African |  |
| White/Asian |  | White/Black Caribbean |  |
| White European |  | British |  |
| Irish |  | Traveller – Irish Heritage |  |
| Other White |  | Roma / Roma Gypsy |  |
| Any other mixed background |  | Any other Ethnic Group |  |

Ethnicity

|  |  |  |  |
| --- | --- | --- | --- |
| Year Group  ***(please tick box)*** | Pre F1 | F1 | F2 |

Parent / Carer’s Name ……………………………………………………………………

Family Language ………………………………………………………………………….

Type of SEN

|  |  |
| --- | --- |
| Severe Learning Difficulties |  |
| Profound & Multiple Learning Difficulties |  |
| Moderate Learning Difficulties |  |
| Specific Learning Difficulties |  |
| Speech, Language and Communication |  |
| Social, Emotional and Mental Health Difficulties |  |
| Hearing Impairment |  |
| Visual Impairment |  |
| Multiple Sensory Impairments |  |
| Physical Impairment |  |
| Autism Spectrum Disorder |  |
| Other – Please Specify |  |

|  |  |
| --- | --- |
| Yes | No |
| ***(Please tick box)*** | |

Is the child a ‘Looked After Child’ (LAC) i.e. in foster care

*Does the child receive a 2 year FEEE place (funded early education entitlement)*

|  |  |
| --- | --- |
| *Yes* | *No* |
| ***(Please tick box)*** | |

**Section 2: DESCRIPTION OF CHILD’S SPECIAL EDUCATIONAL NEEDS/DISABILITY**

Please provide any additional/updated information from that previously provided

1. Provide any additional information you may have which relate to the child’s additional needs.

*Refer to the child passport if appropriate*

1. You must discuss this reapplication with parents/carers. Summarise their views regarding the support you are able to provide here.
2. Who else is involved in supporting this child? (E.g. Educational Psychologist, Speech and Language Therapist)

*Refer to the child passport if appropriate Include any referrals you have made which are pending*

**Section 3: Current Support provided**

1. Please give details of the support provided including that funded through element 3

*Include;*

*Timetable outlining your current provision for the child.*

*What adaptions have you already made to the curriculum/environment for this child*

*Start dates and if relevant finish dates for specific aspects of provision*

*Please include details of the child’s attendance during this period*

1. Please give details of the total cost and how this has been calculated
2. Please provide information on the child’s progress towards achieving outcomes

Please provide information on the child’s development under the following areas **before** additional provision

Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Communication & Interaction | Cognition and Learning | Social, Emotional & Mental Health | Sensory/Physical/  Medical |
|  |  |  |  |

Age ranges from EYFS or Next Steps document **before** additional provision

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Communication and language | | Physical development | | Personal social and  emotional development | |
| Listening and attention |  | Health and self-care |  | Making relationships |  |
| Understanding |  | Moving and handling |  | Self-confidence and self-awareness |  |
| Speaking |  |  |  | Managing feelings and behaviour |  |

Please provide information on the child’s development under the following areas **after** additional provision

Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Communication & Interaction | Cognition and Learning | Social, Emotional & Mental Health | Sensory/Physical/  Medical |
|  |  |  |  |

Age ranges from EYFS or Next Steps document **after** additional provision

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Communication and language | | Physical development | | Personal social and  emotional development | |
| Listening and attention |  | Health and self-care |  | Making relationships |  |
| Understanding |  | Moving and handling |  | Self-confidence and self-awareness |  |
| Speaking |  |  |  | Managing feelings and behaviour |  |

1. Please give details of any other progress made:
2. Please give details of review(s) and evidence of adjusting support in order to ensure the child’s progress towards achieving outcomes

**Section 4: SUPPORT REQUIRED**

On the basis of reviewing the child’s support please indicate the provision required to enable the child to continue to make progress towards achieving outcomes.

Please include the intended outcomes for the child if funding is continued.

**Section 5: ATTENDANCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Days that the child will attend | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| During which Hours? (Please Specify) **AM** |  |  |  |  |  |
| **PM** |  |  |  |  |  |
| Number of sessions child attends each week |  | | | | |
| Number of hours child attends each week |  | | | | |

**Section 6: COST**

Please refer to guidance note on how funding is allocated (Banding table). *If funding for medical training is needed, please note that this would be part of an overall package of support and would not be the exact cost. The amount allocated would be the closest band that corresponds with overall costs.*

Total amount requesting from Element 3 £…………………..

Please indicate below what time period/ s you are requesting the funding for.

Funding can be allocated on a yearly or termly basis.

Term (Autumn/Spring/Summer)…………………………..

Date Required from…………….. To ……………………..

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Expenditure item:  Staff | Number of  Hours | Number of weeks | Breakdown:  Rate per hour/ on costs/ | Amount £ |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| Other items: |  |  |  | Amount £ |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| Total Costs |  |  |  |  |

**Section 7: CONTACT INFORMATION**

|  |  |
| --- | --- |
| Name of Setting/School/ Childminder : | Telephone Number: |
| Address: | Postcode: |
| Email: |
| Contact Name: | Address (if different from above): |
| Position Held: | Telephone Number: |
| ***I confirm that the additional provision will be provided to enable the school / setting/ childminder to meet the above child’s needs and records of provision will be kept for audit purposes.*** | |
| Signature: | Date: |
| Please Print Name Here: | |
| Parent/Carer Signature: | Date: |
| Please Print Name Here: | |