

GUIDE TO COMPLETING INCLUSION FUNDING APPLICATION FORM

Section 1: Basic Information

Ensure you complete all parts of this section.

Section 2: Does the Child Have...?

Highlight yes/no as appropriate

Section 3: Setting Details

- If the child attends more than one provision please liaise together to submit a joint application. Please copy the grid and complete the details for both settings.
- Remember to include your Ofsted registration number

Section 4: Why You Are Requesting Early Years Inclusion Funding?

- How will you use the funding to enhance your universal provision to include the child?
- Specify any programs of work you will use the funding to implement
- What additional provision/adjustments will funding enable you to put in place?

Section 5: Briefly Describe the Child's Needs:

Please consider the following points when completing this section:

- **Communication and interaction:**
 - How does the child communicate?
 - Does the child speak? Do they point/use gesture? Verbal/none verbal?
 - Do they babble/use single words/sentences?
 - Is their language functional e.g. to communicate a need/interest?
 - Can the child follow instructions?
 - Do they seem to understand what you say to them?
 - Does the child respond to their name- look/ acknowledge/reply?
 - Can the child follow routines at setting?
 - Can they make choices?
 - Does the child interact with their peers?
- **Social, Emotional and Mental Health:**
 - Does the child separate from parent/carer happily?
 - Is the child aware of their peers?
 - Does the child join in group sessions- do they watch, ignore, participate?
 - Have they formed friendships?
 - Relationships with staff?
 - Is the child able to regulate their behaviour?
 - Does the child show emotions either facially or through their behaviour?

- Does the child play alongside their peers/ with peers/move away?
- Do they display any behaviour differences?
- Can they wait/take turns/share an activity?
- Can they share adult attention?
- **Sensory, Physical and/or Medical Needs:**
 - Gross motor
 - can the child walk, sit, move around the setting easily without bumping into or falling over objects or children?
 - Does the child use large play equipment- sit in toys, climbing frame, slide?
 - Can the child kick, throw, catch a ball?
 - Does the child have any known physical conditions (shorter limb, hypermobility, low muscle tone, short stature etc.)
 - Does the child cross midline e.g. can they take their right arm over to the left?
 - Fine Motor
 - Can the child hold an object in both hands?
 - Can they transfer an object from one hand to another?
 - Can they use a pincer grip?
 - Do they mark make either in media such as sand or with crayons?
 - Can they complete tasks needing two hands such as threading, opening a lid?
 - Personal care
 - Are they toilet trained/ have any awareness of toileting needs?
 - Can they dress/undress/ assist in dressing such as push arms in sleeves?
 - Do they feed themselves using fingers/cutlery?
 - Will they eat a variety of foods at home/setting?
 - How and what do they drink- open cup/lidded beaker/sports bottle/baby bottle- can they hold it themselves?
 - Sensory
 - Can they cope if it is noisy?
 - Will they participate in messy play?
 - Do they keep their clothes/shoes/socks on?
 - Are they sensory seeking- spinning/ hanging upside down all the time/biting self and others/climbing in water tray etc.?
 - Are they sensory avoiding- hands on ears/hiding/won't touch textures?
- **Cognition and Learning:**
 - What is their attention like- fleeting/ settle to self-chosen activities/good?
 - What is their play like- exploratory/repetitive/imaginative?
 - Do they access the range of activities on offer in setting?
 - Do they understand basic concepts such as cause and effect/object permanence?
 - Do they sort/line up/stack toys?

Professionals:

Please name anyone who works with the child such as speech therapist, physiotherapist, occupational therapist, Early Help, EYSEND team, Portage, Pediatrician, neonatologist, other medical specialists, Dianna nurses, public health nurse

Interventions:

- What changes to provision have you made- changes to routines/ room layout/breaking down activities/timing changes?
- What strategies have you implemented to support the child?
- Are there any additional resources you use with the child (made/purchased)?
- What do you do for the child that is “additional to and different from” what you do for the other children?
- What difference has this made to the child?

Attainment:

Please complete stating level child is working at in months e.g. 12 to 18 months and specify whether entering, developing or secure.

For Completion by Parents:

The form **MUST** be signed by parents otherwise the application cannot be processed.

For Completion by EY Provider

Ensure you complete this and attach appropriate documents

Signature

Ensure you sign the form at the bottom. Unsigned applications will be deferred until signature is received.