

Dedicated School Grant - SEND Inclusion Funding Application Form

Please note that this form is only to be completed when requesting funding - an Early Help referral is not required

Child's Personal Details	
Name	Date of Birth

Setting Details					
Setting Name			Child's Start Date		
SENCO Details					
Name		Email		Telephone Number	
Sessions Attended					
Days (please tick)	Monday	Tuesday	Wednesday	Thursday	Friday
Time of Day (please state)					
Does the child attend any other settings? Yes/No If Yes, please state which ones					
Child's average attendance in the last 6 weeks					

Information Required for Funding Request			
Is the child a looked after child? Yes/No		Is this a renewal for funding request? Yes/No	
Please describe, under the following headings, the child's additional needs which have led to this funding request			
Sensory & Physical Needs		Communication & Interaction Needs	
Cognition & Learning Needs		Social, Emotional & Mental Health Needs	
Please give details of agencies actively involved & currently working with the child			
Speech & Language Therapist		GP	
Physiotherapist		Other (please state below)	
Paediatrician		e.g. hearing/visual impairment specialists	
Health Visitor			
Occupational Therapist			
Recent agency report		Date of report	
Please provide any other information relating to the child that is relevant to this funding request (e.g. medical, health & safety issues, etc.). Please use extra sheets, if necessary.			

How will you use the funding to support the child	
Small Group / Short Daily 1:1 Interventions	Personal Care
Enhanced Ratios	Other (please state)

This funding request will *only* be considered if the following information is provided:

- Baseline Assessment/Evidence - Information gathered when child started at setting (including 2 year check, where applicable).
- Tracking – this must be exact, not best fit and it **MUST BE LESS** than 6 weeks old
- Support Plan - clearly demonstrating *Assess Plan Do Review Cycle* (strategies/ differentiated activities/resources/enhanced ratios tried, plus an impact report, if any).
- Provision Mapping
- Any information from other professionals (e.g. recent reports, medical needs, etc.)

Parents/Carers' views

DECLARATION

All information given is complete and true, treated as confidential and stored securely. Any false declaration or misleading statement or any significant omission may make this funding request invalid. All permissions have been received from the relevant parties before information has been shared.

	Print Name	Signature	Date
Setting's Manager			
Parent			

Please return this completed form either by email to child.care@croydon.gov.uk

FOR OFFICE USE ONLY			
Baseline Assessment/Evidence		Tracking	
Support Plan		Provision Mapping	
Reports from other professionals		Renewal	
Other Information (please state below)			