

**EARLY YEARS SEN INCLUSION FUND**

**EVALUATION FORM**

**Please complete this form electronically**

**If the child attends more than 1 setting for their nursery entitlement this form MUST be completed by both settings jointly. Applications will be declined if this standard is not met.**

**Please refer to the example form, handy hints and guidance notes available on the Local Offer and schools.net when completing this form.**

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| **Child’s Name:** **DOB:** **Date of previous agreement:** **(see bottom of agreement letter)****Previous Early Years SEN Inclusion** **Funding Allocation:** **Has an Education Health Care Needs Assessment been requested? Yes** [ ]  **No** [ ] **If yes, please record date it was posted to Matlock:** |
| **Child’s current setting:** **Date child started:** **Number of Nursery Education hours attended per week, including any provisions for stretch funding arrangements: *Please be sure to identify how many hours the child attends per week up to their 15/30 hours, but not additional childcare hours over and above 30 hours (or 15 hrs for 2yr olds)*****Attendance pattern:** **Name and position of person making request.** Email address to which you want the decision letter to be sent must be completed.**Name:** **Position:** **Email:** **Address:** **Telephone number:** **Is the setting: a maintained nursery class** [ ]  **a maintained nursery school** [ ] **PVI sector** [ ] **Name of additional setting attended. If a transition application, please provide details of school or nursery:** **Date child started:****Number of Nursery Education hours attended per week, including any provisions for stretch funding arrangements:***Please be sure to identify how many hours the child attends per week up to their 15/30 hours, but not additional childcare hours over and above entitlement:* **Attendance pattern:****Name and position of person making request.** Email address to which you want the decision letter to be sent *must* be included. **Name:****Position:** **Email:** **Address:** **Telephone number:** **Is the setting: - a maintained nursery class** [ ]  **a maintained nursery school** [ ]  **PVI sector** [ ]  |
| **Description of child’s needs:***This section may include any diagnosis the child has. Developmental evidence may include information from the EYSEN Celebratory Checkpoints or other developmental profiles. (contact the Early Years SEN Helpline (Childrens Services)* *EarlyYears.SENHelpline@derbyshire.gov.uk* *for more details) Please show the successes and challenges the child faces through your shared narrative. Evidence from foundational skills should also be included.*   |
| **Names of professionals supporting the child in the setting:**  |
| **Learning outcomes as listed on previous agreement letter and summary of progress toward each outcome.**  |
| **Recommendations after evaluation. Select/highlight appropriate option below:*** **1. Outcomes achieved and barriers to learning removed**
* **2. Progress made toward some outcomes, but barriers remain. Please list new learning outcomes below and time required to complete**

 | **Please identify times per session** *(e.g 2x5mins per 3hr session/ 1x10mins per 4hr session)*Please identify any outcomes worked towards from normally available resources.  |

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| **For maintained settings only:****Specialist teacher support from Specialist Service for SEN should be requested for children in maintained nurseries through the referral for a Derbyshire specialist support service for children in the foundation stage form which can be found here:**<https://localoffer.derbyshire.gov.uk/#!/model/page/information/5403>  |

**Please return the completed form and supporting documents to:**

**Email:** CS.EYSENInclusionFunding@derbyshire.gov.uk

**Telephone:** 01629 536782 or 01629 536532