

## Request for Top Up Funding for the Reception Year (Including Pre-emptive)

*Please complete and submit electronically to [sencasework@durham.gov.uk](mailto:sencasework@durham.gov.uk)*

### Personal Details (all fields MUST be completed)

Name of child/young person:	
Date of birth:	
Address of child/young person:	
Is this a protected address?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the child/young person looked after?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the child/young person adopted or subject to SGO or CAO?	
Name of parent/carer:	
Address if different to above:	
Parent/carer telephone number:	
Parent/carer email address (preferable):	
Current school setting:	

Signed (referrer):		Date:	
Signed parent/carer:		Date:	

### The following essential evidence MUST be included with this request:

Professional reports (within the last 3 years) that underpin current SEN and provision	<input type="checkbox"/>
The previous 2 reviewed SEN Support Plans and the current SEN Support Plan demonstrating all relevant and purposeful provision.	<input type="checkbox"/>
An up to date Costed Provision Map and Support Timetable.	<input type="checkbox"/>

### Things the child is good at, interested in or enjoys: ('My Story' could be attached in lieu)

Child's views:
Parent/carer views:

### Things that the child does not like or finds more difficult: ('My Story' could be attached in lieu)

Child's views:
Parent/carer views:

Provide a brief context of your school in terms of number of pupils on SEN Register; % on SEN Support; % on SEN Support with TU; % with EHCP.

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Why is school seeking pre-emptive TU funding?

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Details of any EY SEN Support Funding or support received by the previous setting.

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<b>Nursery Attendance</b>	Start date:	% attendance:		
<b>Patterns of Nursery Attendance (indicate the sessions the child currently accesses)</b>				
Monday	Tuesday	Wednesday	Thursday	Friday
am	am	am	am	am
pm	pm	pm	pm	pm

Area of Learning and Development	Last Review	Current EYFS age/Stage Bands
<b>Communication and Language:</b> <ul style="list-style-type: none"> <li>Listening and attention</li> <li>Understanding</li> <li>Speaking</li> </ul>		
<b>Physical development:</b> <ul style="list-style-type: none"> <li>Moving and handling</li> <li>Health and self-care</li> </ul>		
<b>Personal, Social and Emotional:</b> <ul style="list-style-type: none"> <li>Self-confidence and self-awareness</li> <li>Managing feelings and behaviour</li> <li>Making relationships</li> </ul>		
<b>Literacy:</b> <ul style="list-style-type: none"> <li>Reading</li> <li>Writing</li> </ul>		
<b>Maths:</b> <ul style="list-style-type: none"> <li>Numbers</li> <li>Shape, space and measures</li> </ul>		
<b>Understanding the World:</b> <ul style="list-style-type: none"> <li>People and communities</li> <li>The World</li> <li>Technology</li> </ul>		

**Expressive Arts and Design:**

- Exploring and using media and materials
- Being imaginative

**Transition liaison**

*The receiving school SENCO was part of Summer term review at current school setting.*

*SENCOs at both settings have met (when/actions).*

*Receiving school SENCO has had meetings with parents (when/actions).*

*Child has taken part in extra transition sessions (what did this entail).*

**Background information**

Please provide a chronology detailing any relevant and purposeful action:

- *Tell us what you know about the child (relevant family and school history).*
- *Tell us what has been done to support the child.*
- *Tell us what advice has been received and how this has been implemented (attach reports & recommendations).*
- *Tell us about the impact of actions & interventions.*

**Special Educational Needs and Provision**

**Overview of Need:** e.g. Has a diagnosis of Autism- briefly explain what this means for the child in relation to their education. Please provide an explanation of your school's assessment levels and explain how attainment levels relate to ARE.

**Specific details of special educational needs, skills and development**

**Cognition & Learning**

Strengths:

- 
- 
- 

Special Educational Needs:

- 
- 
- 

Summary of what works well & progress:

- 1.
- 2.
- 3.

**Communication & Interaction**

Strengths:

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- 
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Special Educational Needs:

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- 
- 

Summary of what works well & progress:

- 1.
- 2.
- 3.

**Social, Emotional & Mental Health Needs**

Strengths:

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- 
- 

Special Educational Needs:

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- 
-

Summary of what works well & progress:

- 1.
- 2.
- 3.

### Physical & Sensory

Strengths:

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- 
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Special Educational Needs:

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Summary of what works well & progress:

- 1.
- 2.
- 3.

### Any other factors to consider:

E.G. Health Visitor, School Nurse, Children's Nurse, Social Worker, One Point, YOS, etc.

### Does the child/young person have any plans in place to support their needs?

Individual Health Plan	Yes/No	Intimate Care Plan	Yes/No
Care Plan/PEP	Yes/No	Personal Evacuation Plan	Yes/No
Risk Management Plan	Yes/No	Positive Handling	Yes/No
Behaviour Management Plan	Yes/No	Sensory Diet	Yes/No
Other (please specify)	Yes/No	Moving and Handling	Yes/No