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# **Application for Early Years Additional Resources (EYAR)**

This form should be used by Early Years Professionals (i.e. Nursery settings, Portage Workers or Childminders) where a child that they are currently supporting has identified Special Educational Needs (SEN) and it is felt that they may require support which is considered to be in excess of what can typically be provided for by schools in Elements 1&2 funding.

 This form will also be considered by the EYAR panel to:

* Determine whether or not the child’s needs will warrant additional support and high needs funding allocating to enable them to have a positive and successful transition to primary school, and to make progress in line with their ability
* Determine whether or not the child’s needs are severe and complex, and likely to persist in the longer term, and decide whether or not initiating an EHC Needs Assessment would be appropriate.

**Assessments, Reports and Information**

*Please complete the below table to provide details of any professionals who are currently or have previously supported the child and additional reports and assessments that you have submitted alongside the application*.

|  |  |  |
| --- | --- | --- |
| **Professionals Details**  | **Y/N** | **Report submitted (Y/N)**  |
| Speech and Language Therapy (SALT)  |  |  |
| Occupational Therapy (OT) |  |  |
| Physiotherapy  |  |  |
| Community Paediatrics  |  |  |
| Health (other) – please specify  |  |  |
| The Early Learning Childcare Team (ELCC)  |  |  |
| The Educational Psychology Service (EPS)   |  |  |
| Social Care  |  |  |
| Parent / Carer  |  | Parent / Carer Medical Questionnaire Parent / Carer Views, Wishes & Aspirations  |

**Personal Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | DOB |  | Gender |  |
| Home Address of Child/Young Person  |  |
| Name & Address of Parent(s)/Carer(s) (if different from above |  |  |
| Home Phone |  |  |
| Mobile |  |  |
| Email |  |  |

|  |  |
| --- | --- |
| Name of Setting |  |
| Date ofAdmission |  | Age in Months |  | Home Language |  |
| Other settings attended within the last 12 months |

|  |  |  |
| --- | --- | --- |
|  | Yes (Y) | No (N)  |
| Is the child a Looked After Child (LAC)?  |  |  |
| Is the child subject to a Child Protection Plan?  |  |  |
| Does the child have an Early Help in place?  |  |  |

**Primary Category of Need (as outlined in the SEND Code of Practice)**

|  |  |  |
| --- | --- | --- |
|  | Primary Need (Please delete as appropriate)  | Secondary Need(s) (Provide details as appropriate)  |
| Cognition and Learning (C&L)  | * Specific Learning Difficulty (SpLD)
* Moderate Learning Difficulty (MLD)
* Severe Learning Difficulty (SLD)
* Profound & Multiple Learning Difficulty (PMLD)
 |  |
| Communication & Interaction (C&I)  | * Speech, Language & Communication Needs (SLCN)
* Autism Spectrum Condition (ASC)
 |  |
| Social, Emotional & Mental Health (SEMH)  | * Social, Emotional & Mental Health (SEMH)
 |  |
| Physical / Sensory  | * Hearing Impairment (HI)
* Visual Impairment (VI)
* Multi-Sensory Impairment (MSI)
* Physical Disability (PD)
 |  |

**Preference of School / Allocated School**

|  |  |  |
| --- | --- | --- |
| **School / Setting**  | **Preference of School (Y/N)**  | **Allocated School (if known) (Y/N)**  |
|  |  |  |

**Section 1: All About Me**

|  |
| --- |
| **This is my personal profile, this section has been completed by :** |
|  | **What people like and admire about me?**  |
| **What is important to you? (i.e. what are your likes and interests)**  |
| **Who is important to you?**  |

**Background / My Story**

|  |
| --- |
| Please use this section to provide any background information relevant to the child’s needs or situation; this could include details: * Relating to the child’s early developmental milestones
* Of any medical diagnosis’s the child has received, or medical / clinical investigations that are ongoing.
* Of the child’s educational history to date (including, their presentation in setting, how / when their needs where first identified, how these have been responded to in terms of referrals and input from other agencies, what is working well and what could be better etc).
 |
|  |

**Section 2: Description of my strengths and needs**

*Please use this section to provide details about the child’s identified areas of strengths and needs in each of the primary areas of need outlined in the SEND Code of Practice.* ***You must complete strengths and needs in all of the areas.***

**Cognition & Learning**

|  |  |  |
| --- | --- | --- |
| **Area**  | **Strengths**  | **Needs** |
| Attitude and Approach to Learning Tasks & Activities  |  |  |
| Understanding of Nursery Structure and Routines  |  |  |
| Ability to Explore and Learn Independently  |   |  |
| Resilience and Confidence as a Learner |  |  |
| Problem solving skills  |  |  |
| Organisational Skills  |  |  |
| Understanding the World Around Them  |  |  |

**Communication and Interaction**

|  |  |  |
| --- | --- | --- |
| **Area**  | **Strengths**  | **Needs** |
| Expressive Language Skills  |  |  |
| Receptive Language Skills / Understanding of Language  |  |  |
| Listening & Attention Skills  |  |  |
| Speech Sound Production / Intelligibility of Speech  |  |  |
| Information Processing Skills  |  |  |
| Non-Verbal Communication Skills  |  |  |
| Social Interaction and Play Skills  |  |  |
| Developing Peer Relationships  |  |  |
| Flexibility of Thought (i.e. coping with changes to routine)  |  |  |
| Rigid & Repetitive Behaviours  |  |  |

**Social, Emotional & Mental Health**

|  |  |  |
| --- | --- | --- |
| **Area**  | **Strengths**  | **Needs** |
| Understanding, Managing & Regulating Feelings, Emotions and Behaviours  |  |  |
| Understanding Rules, Boundaries, Expectations and Consequences  |  |  |
| Awareness of Safety and Danger  |  |  |
| Ability to Develop Relationships and Form Secure Attachments  |  |  |
| Impulse Control  |  |  |

**Physical / Sensory**

|  |  |  |
| --- | --- | --- |
| **Area**  | **Strengths**  | **Needs** |
| Fine & Gross Motor Skills  |  |  |
| Balance, Coordination and Spatial Awareness  |  |  |
| Hearing and Vision  |  |  |
| Self-help and Personal Care Skills  |  |  |
| Sensory processing Skills  |  |  |
| Mobility  |  |  |
| Other (Related to Specific Health Conditions i.e. Epilepsy, Diabetes)  |  |  |

**Section 3: Progress, assessments, and current provision**

*Please use this section to provide details of the child’s most recent assessment data across the Early Years Foundation Stage Curriculum (EFYS). Where possible, please provide details of how ‘below’ the child is working in the prime areas of learning* ***Please provide the stages the child is working within the Early Years Support Tool or similar tool such as B-squared.***

|  |  |  |
| --- | --- | --- |
| **Prime Area of Learning**  | **Tracking Data**  | **Comments**  |
| Listening, Attention & Understanding  |  |  |
| Speaking  |  |  |
| Self-Regulation  |  |  |
| Managing Self  |  |  |
| Building Relationships  |  |  |
| Gross Motor Skills  |  |  |
| Fine Motor Skills  |  |  |

**Current Provision**

*Please use this section to provide details of the support arrangements, strategies and interventions which have been put in place for the child as a result of their identified special educational needs, which would be considered ‘additional to and different from’ the Ordinarily Available Provision which would typically be in place for children of the same age.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Who provides the support / intervention** | **What support / intervention is provided**  | **How often** *(if stating a session specify how long the session is)* | **When does this take place?** | **Please indicate adult / child ratio during this support / intervention**  | **What impact has this support / intervention had on the child (i.e. what progress has been made as a result).**  |
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**Section 4: Consents**

**Referrer**

*‘This request has been completed and discussed with those who have parental responsibility i.e. child's parent(s)/carer(s) / social worker, who have given permission for the enclosed information to be shared’*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Referrer |  | Agency |  |
| Position |  | Date |  |
| Signature  |  |

**Those with parental responsibility: Parents/Carers/Social Workers**

You should note that by signing this form you:

* Are agreeing to the gathering and sharing of information as detailed in the attached Fair Processing Notice.
* Are giving consent for this request for additional resources to be considered. If the Local Authority determine that an Education, Health and Care needs assessment is required you will be contacted to confirm consent prior to this process beginning.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person with parental responsibility: |  | Date |  |
| Signature |  | Role | Parent /Carer /Social Worker \*delete as appropriate.  |

**PLEASE NOTE: A copy of this completed form should be shared with the person who has parental responsibility.**

**This referral and supporting documents can be sent via email to** **eypanel@wigan.gov.uk**

|  |  |  |
| --- | --- | --- |
| Has information been shared regarding the Local Offer, If no, signpost to [*www.wigan.gov.uk/sendlocaloffer*](http://www.wigan.gov.uk/sendlocaloffer) | Yes | No |