**Early Intervention Grant Application**

***This form is to be completed on the first occasion that funding is requested for a child***

This grant is for children receiving free Early Years education, who have complex Special Educational Needs or disabilities.

Name of the child……………………………………………………… Date of Birth………………………………..

Name of the Setting …………………………………………………………Date of Request………………………

Early Help involvement Yes /No- if yes name of lead professional……………………………………………..

Name/s of any other Early Years Settings that the child attends ………………………………………………………………

(*This setting may be contacted for further information)*

SIGNATURE OF PARENT……………………………………………………………….. (The panel will not consider unsigned requests)

24U - 3 /4 yr old entitlement ?

Does the child have a recognised/diagnosed disability? YES/NO

If yes please state details:

**Contact details for setting**:

Name of setting:…………………………………………………………………………………………………………………………………………………………...

Days and times child attends setting each week: ………………………………………………………………………………………………………….

Does this include the 30 hours extended entitlement? YES / NO

Name of SENCO:……………………………………………………………………Telephone number: …………………………………

E-mail address:………………………………………………………………………………………

How much funding is requested?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for what period\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle the appropriate months below for each Prime Area:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PSED** | Making relationships | 0-11 | 8-20 | 16-26 | 22-36 | 30-50 | 40-60+ |
| Self-confidence & self-awareness | 0-11 | 8-20 | 16-26 | 22-36 | 30-50 | 40-60+ |
| Managing feelings & behaviour | 0-11 | 8-20 | 16-26 | 22-36 | 30-50 | 40-60+ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CL** | Listening & attention | 0-11 | 8-20 | 16-26 | 22-36 | 30-50 | 40-60+ |
| Understanding | 0-11 | 8-20 | 16-26 | 22-36 | 30-50 | 40-60+ |
| Speaking | 0-11 | 8-20 | 16-26 | 22-36 | 30-50 | 40-60+ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PD** | Moving & handling | 0-11 | 8-20 | 16-26 | 22-36 | 30-50 | 40-60+ |
| Health & self-care | 0-11 | 8-20 | 16-26 | 22-36 | 30-50 | 40-60+ |

**Date completed:**

Please provide a summary of any supporting evidence submitted as part of this application.

You **must** include a copy of the Shropshire language chart and a copy of the child’s PCP Personal Centred Plan

Has this child been referred to other services? If yes who?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this child been referred to CDC (after a SOGs assessment by Paediatrician) Yes / No. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Speech chart | PCP | Professional advice | Portage | SALT | Physio | Health Visitor | Other |  |  |
|  |  |  |  |  |  |  |  |  |  |

**Reports may be attached with the permission of parents and the professional providing the advice. Gaining permission for sharing reports is the responsibility of the setting**