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|  | **Question** | **Subtitle** | **Options to respond** | | **For providers use** |
| 1 | Does the child you about to apply for, claim Early Education Funding with you? | If you are unsure, please check with your portal user before continuing. We will check this child appears on your portal claim before paying HNF | Yes | |  |
| No, you are unable to apply- **(Skip**  **to end of form)** | |  |
| 2 | Childs Full Name | IMPORTANT: The name must match what is held within the provider portal, please check with your  portal user if you are unsure, discrepancies may  cause delays |  |  |  |
| 3 | Child’s date of birth - please check this is correct | IMPORTANT: The DoB must match what is held within the provider portal, please check with your portal user if you are unsure, discrepancies may cause delays |  |  |  |
| 4 | Is this a repeat claim? | Did you successfully claim HNF for this child in  Autumn Term 2023 | Yes- **(Skip to 26)**  No – **(Next)** | |  |
| 5 | Does this child live in Suffolk? |  | Yes | |  |
|  | No - you cannot proceed with this Suffolk claim **(End of form)** | |  |
| 6 | Does this child have an EHCP with another Local Authority (Not Suffolk County Council) |  | Yes - Contact this Local Authority for High Needs Funding **(skip to end of form)**  No | |  |
| 7 | Does this child have a dual placement with a special school assessment nursery? |  | Yes  No **(Skip to Q9)** | |  |
| 8 | If yes, please select the  Assessment Nursery the child attends |  | •  •  •  •  • | Hillside Special School - Assessment Nursery – Sudbury Riverwalk School - Assessment Nursery - Bury St Edmunds  The Bridge School - Assessment Nursery – Ipswich Thomas Wolsey School - Assessment Nursery – Ipswich Warren School - Assessment Nursery – Lowestoft |  |
| 9 | Please select to confirm if any of these statements apply to this child. | Select all which apply | •  •  • | English as an Additional  Language (EAL)  Likely to need an application for a place at a Specialist Provision  None of the above |  |
| 10 | What days does the child attend your setting? | Select all which apply |  | Monday  Tuesday  Wednesday  Thursday  Friday |  |
| 11 | How does the child present in the setting? | Give a brief summary of their needs and the impact on their learning. |  |  |  |
| 12 | What are barriers to inclusion? | How will you address these? |  |  |  |
| 13 | What support have you put in place already? |  |  |  |  |
| 14 | What outcome are you looking for? |  |  |  |  |
| 15 | What are the child’s strengths? |  |  |  |  |
| 16 | Use your professional judgement to indicate the child’s progress and attainment in the area of learning.  For the purpose of this survey, if the child is not old enough for the specific areas of learning, tick progress as expected. | * Listening attention and understanding * Speaking * Self-regulation * Building relationships * Managing Self * Gross Motor skills * Fine Motor skills * Literacy * Mathematics * Understanding the world * Expressive Arts and Design |  | Progress as expected.  Progress less than expected.  Emerging concerns  Significant concerns |  |
| 17 | Has the child received support from other professionals or are they undergoing health assessment? |  |  | * SALT * CPC * EP * GP * Hospital * Clinical Psychology * Referral In place * Referral planned. * None * Other |  |
| 18 | What targeted plans do you have in place? |  |  | * SEND support plan. * Health Care plan * Behaviour Support plan * Personal Education plan * None * Other |  |
| 19 | Education, Health and Care Plans  (EHCP) | Please select one of the following statements in relation to this child. |  | * An EHCP is in place. * Undergoing an EHCP needs assessment. * A request has been submitted for EHCP needs assessment. * Not Applicable |  |
| 20 | Does the child have a diagnosis? | If yes, please give details |  | (you can apply for HNF without a diagnosis but this information is helpful to us) |  |
| 21 | Is the child in receipt of Disability  Living Allowance (DLA)? |  |  | * Yes * No |  |
| 22 | If yes, are you claiming Disability.  Access Funding (DAF)? |  |  | * Yes * No |  |
| 23 | What are the parent/carer views  on the child’s needs? |  |  |  |  |
| 24 | Are there any other factors which should be considered? |  |  |  |  |
| 25 | Please select the appendix which is most relevant for the child's significant area of need | IMPORTANT: You will need to send in this appendix via email once your application is submitted.  If you are applying for more than one child please send all the appendices on one email.  PLEASE refer to child by just using their initials when sending in the appendix.  **\*\*REMINDER-ONLY SEND THE APPENDIX - NO OTHER DOCUMENTS ARE REQUIRED.** |  | * Appendix A – Physical Skills * Appendix B – Vision and Hearing * Appendix C – Speech, Language, and communication * Appendix E – Attention, Motivation and Engagement * Appendix F - Social Communication Difficulties and ASD * Appendix G – Health   **(All options then SKIP to Q31)** |  |
| 26 | Repeat Claim: How has the  funding been used to support the child? | Please complete this in full as the information you provide may impact on the level of the claim you are awarded |  |  |  |
| 27 | Repeat Claim: What impact has this had on their progress? |  |  |  |  |
| 28 | Repeat Claim: What concerns remain? |  |  |  |  |
| 29 | Repeat Claim: Has any further advice and guidance been  sought? |  |  |  |  |
| 30 | Repeat Claim: Any other information or changes to the  initial claim that should be taken into account to support a repeat claim? |  |  |  |  |
| 31 | Funding Band - What type of need are you applying for? | High needs funding will be allocated using a banding approach, you will need to complete the appendix to determine the banding need you are applying for. |  | * Complex = £23.33 * Complex-Severe = £36.67 * Severe = £50.00 |  |
| 32 | What type of provision are you? |  |  | * Childminder * Agency Childminder * Group Provider (Preschool or Day Nursery) * Independent School Nursery Class * Maintained School Nursery Class * Academy School Nursery Class |  |
| 33 | What is the name of your  Childcare Setting or School? | Childminders, please use your own name here. |  |  |  |
| 34 | What is your LoP number? if you are a maintained or academy school give your School number | LoP number was previously known as the SEEGs number, please check with your portal user if you are unsure. |  |  |  |
| 35 | What is your full name? |  |  |  |  |
| 36 | What is your job role? |  |  |  |  |
| 37 | What is your contact telephone number? | Please give a number we can use to speak to you if needed. |  |  |  |
| 38 | What is your email address? |  |  |  |  |
| 39 | Authorisation- Please confirm you have discussed this application with the Manager, Headteacher or SENDCo and they are aware you are making this application. |  |  | • Yes - I confirm I am authorised to make this application  • No - This application will not be processed **(Skip to end of** **form)** |  |
| 40 | Please select one of the options below regarding the appendix relating to this application | Remember just use the child's initials as the reference and the name of your setting.  e.g., ZA-Yellow Wellies |  | * REPEAT CLAIM – an appendix is not required. * FIRST TIME CLAIM – I confirm I will now send the appendix relating to this application. |  |