

Early Years - High Needs Funding (HNF) Application Questions & Prompts

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	Question	Subtitle	Options to respond	Prompts
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	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 Spring Term 2023	Yes- (Skip to 26) No – (next)	
5	Does this child live in Suffolk?		Yes No - you cannot proceed with this Suffolk claim	
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		<ul style="list-style-type: none"> • 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 • 	

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9	Please select to confirm if any of these statements apply to this child.	Select all which apply	<ul style="list-style-type: none"> • 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	<p>Monday Tuesday Wednesday Thursday Friday</p>	
11	How does the child present in the setting?	Give a brief summary of their needs and the impact on their learning.		<ul style="list-style-type: none"> • Level of Communication (language/gestures/with adults and/or other children) • Level of engagements (Attention/concentration/interactions) • Independence skills and support • Routines • Health, Safety and Wellbeing • for the child • for others • Specific area of needs

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12	What are barriers to inclusion?	How will you address these?	
			<p>Describe any barriers to inclusion the child may encounter by considering:</p> <ul style="list-style-type: none"> • Environment • Equipment/Resources • Routines/Timings/Groups • Staffing
13	What support have you put in place already?		
			<p>Describe any support you have put in place for the child including (you may have other areas you support in also)</p> <ul style="list-style-type: none"> • Visual support • Adult support • Adjustment to routines
14	What outcome are you looking for?		
			<p>Describe the impact High needs funding will have for the child in terms of their outcomes:</p> <ul style="list-style-type: none"> • Areas of learning • Access to provision • Targeted intervention <p>Use The Code of Practice to support you with this section</p>

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15	What are the child's strengths?			Describe the strengths of the child that you observe. This is important to gain an overall picture of the child within your setting
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.	<ul style="list-style-type: none"> • 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 	<p>Progress as expected.</p> <p>Progress less than expected.</p> <p>Emerging concerns</p> <p>Significant concerns</p>	
17	Has the child received support from other professionals or are they undergoing health assessment?		<ul style="list-style-type: none"> • SALT • CPC • EP • GP • Hospital • Clinical Psychology • Referral In place • Referral planned. • None • Other 	

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18	What targeted plans do you have in place?		<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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)?		<ul style="list-style-type: none"> • Yes • No 	
22	If yes, are you claiming Disability Access Funding (DAF)?		<ul style="list-style-type: none"> • Yes • No 	
23	What are the parent/carer views on the child's needs?			it is important to know how the parents/carers view the child's needs so that partnership working is effective
24	Are there any other factors which should be considered?			

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25	Please select the appendix which is most relevant for the child's significant area of need	<p>IMPORTANT: You will need to send in this appendix via email once your application is submitted.</p> <p>If you are applying for more than one child please send all the appendices on one email.</p> <p>PLEASE refer to child by just using their initials when sending in the appendix.</p> <p>**REMINDER-ONLY SEND THE APPENDIX - NO OTHER DOCUMENTS ARE REQUIRED.</p>	<ul style="list-style-type: none"> • 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 <p>(All options then SKIP to Q31)</p>	
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.		How has the funding supported you to enhance provision for the child? Describe the impact High needs funding has for the child in terms of their outcomes: Interventions Strategies Resources Training Adjustments/enhancements to provision
27	Repeat Claim: What impact has this had on their progress?			Please reflect on your previous application to share progress.
28	Repeat Claim: What concerns remain?			
29	Repeat Claim: Has any further advice and guidance been sought?			

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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.	<ul style="list-style-type: none"> • Complex = £23.33 • Complex-Severe = £36.67 • Severe = £50.00 	Please add if the funding band applied for the previous term remains the same. If different please add the band that you are applying for.
32	What type of provision are you?		<ul style="list-style-type: none"> • 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?			

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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.		<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • REPEAT CLAIM – an appendix is not required. • FIRST TIME CLAIM – I confirm I will now send the appendix relating to this application. 	

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