|  |  |  |  |
| --- | --- | --- | --- |
|  | Question | Subtitle | Options to respond |
| 1 | Does the child you are about to apply for claim Early Education Funding with you? | If you are unsure, please check with your registered portal user before continuing. We will check your portal claim to ensure the child is funded with you. | Yes  No – *you are unable to apply* |
| 2 | Does the child have an Education, Health and Care Plan (EHCP) with another Local Authority (not Suffolk County Council)? |  | Yes *– see below*  No – *go to question 4* |
| 3 | *If yes to the above:*  Is the child in the care of a Local Authority? | By this we mean a Child in Care (CiC) | Yes  No – *you are unable to apply* |
| 4 | Please confirm you have discussed this application with the manager, headteacher or SENDCo and they are aware you are making this application. | By ticking Yes, you confirm you are authorised to make this application | Yes  No – *you are unable to apply* |
| 5 | What is the child's full, legal name? | The name must match what is held within the provider portal. Please check with your registered provider portal user if you are unsure. Discrepancies may cause delays in processing your application. |  |
| 6 | What is the child's date of birth? | For example, 31 3 2022.  The date of birth must match what is held within the provider portal. Please check with your registered provider portal user if you are unsure. Discrepancies may cause delays |  |
| 7 | Does the child claim early education funding at another childcare setting in Suffolk? | The child's parent authorisation form (PAF) will give you this information. | Yes – *see below*  No – *go to question 9* |
| 8 | *If yes to the above:*  What is the name of the other childcare provider? |  |  |
| 9 | Does the child have a dual placement with a special school assessment nursery? |  | Yes – *see below*  No – *go to question 11* |
| 10 | Please select the Assessment Nursery the child attends |  | Thomas Wolsey School - Assessment Nursery – Ipswich |
| 11 | Please select to confirm if any of these statements apply to the child. |  | * Has English as an Additional Language (EAL) * Likely to need an application for a place at a Specialist Provision * None of the above |
| 12 | What days does the child attend your setting? | Select all which apply. | * Monday * Tuesday * Wednesday * Thursday * Friday |
| 13 | How does the child present in the setting? | Give a brief summary of the child's needs at the setting and the impact on their learning. This can be in areas such as their:  Level of communication including their language, gestures, communication with adults or other children.  Level of engagements including attention, concentration, interactions  Independence skills and support  Routines  Health, safety and wellbeing for the child and for others  Specific area of needs |  |
| 14 | What are the barriers to the child's inclusion, and how will you address these barriers? | Describe any barriers to inclusion the child may encounter by considering:  Environment  Equipment and resources  Routines, timings or groups  Staffing |  |
| 15 | What support have you put in place already for the child? | Describe any support you have put in place for the child including:  Visual support  Adult support  Adjustment to routines  You may have other areas you also support in. |  |
| 16 | What outcome are you looking for the child? | Describe the impact High Needs Funding will have for the child in terms of their outcomes:  Areas of learning  Access to provision  Targeted intervention  Use The Code of Practice to support you with this section |  |
| 17 | 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. |  |
| 18 | The child' progress and attainment  *There are 11 areas of learning:*   * Listening attention and understanding * Speaking * Understanding the world * Self-regulation * Building relationships * Managing self * Gross motor skills * Fine motor skills * Literacy * Mathematics * Expressive arts and design | 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 area of learning, tick 'Progress as expected'.  You will need to select one of the following for each progress/attainment level:   * Progress as expected * Progress less than expected * Significant concerns |  |
| 19 | Has the child received support from other professionals or are they undergoing a health assessment? | Please select all that apply. | * Speech and Language Therapy (SALT) * Child Development Centre (CDC) * Educational Phycologist (EP) * General Practitioner (GP) * Hospital * Clinical Psychology * Referral in place * Referral planned * None – *for all of the above go to question 21* * Other support from professionals or undergoing other health assessment – *see below* |
| 20 | Please give details of professional support, who is providing this and/or the assessment process being undertaken |  |  |
| 21 | What targeted plans do you have in place for the child? | Please select all that apply. | * SEND support plan * Health care plan * Behaviour support plan * Personal education plan * None - *for all of the above go to question 23* * Other plan used – *see below* |
| 22 | What other plan do you have in place? |  |  |
| 23 | Please select one of the following statements in relation to the child's Education, Health and Care Plan (EHCP) |  | * An EHCP is in place * Undergoing an EHCP needs assessment * A request has been submitted for EHCP needs assessment * Inclusion Referral Form (IRF) completed * Not applicable |
| 24 | Has specialist provision (Specialist Unit or Assessment Nursery) been applied for via the Inclusion Referral Form (IRF) process? |  | Yes  No |
| 25 | Does the child have a diagnosis? | You can apply for High Needs Funding without a diagnosis, but this information is helpful to us. | Yes – *see below*  No – *go to question 27* |
| 26 | Please give details of the child's diagnosis |  |  |
| 27 | Is the child in receipt of Disability Living Allowance (DLA)? |  | Yes – *see below*  No – *go to question 29* |
| 28 | Are you claiming Disability Access Funding (DAF) for the child? |  | Yes  No |
| 29 | What are the parent or carer's views on the child’s needs? | It is important to know how the parents or carers view the child’s needs so that partnership working is effective. |  |
| 30 | Are there any other factors which should be considered in relation to your application for High Needs Funding for the child? | You can answer None if you have nothing further to add. |  |
| 31 | What is the age bracket for the child? |  | * Under 2 years of age – *go to question 34* * Between 2 and 5 years of age - *see below* |
| 32 | Please select the profile descriptor you have completed for the child | Select one | 1. Communication and interaction  2. Cognition and learning  3. Social and emotional and mental health  4. Sensory and/or physical needs and medical conditions |
| 33 | Please upload the completed profile descriptor | Please note  - The size of the file you upload cannot exceed 10MB.  - You can upload Microsoft Word files (.doc or .docx) or PDF files (.pdf). |  |
| 34 | What type of need are you applying for on behalf of the child? | High needs funding will be allocated using a banding approach. Your completed Profile descriptor appendix will help to determine the banding need you are applying for. | * Complex = £24.50 * Complex-Severe = £38.00 * Severe = £51.50 |
| 35 | 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 |
| 36 | What is the name of your childcare setting or school? | Childminders, please use your own name here. |  |
| 37 | *If answered Childminder, Group Provider (Preschool or Day Nursery) or Independent School Nursery Class to question 35:*  What is your List of Providers (LoP) number? | This is a six digit number, such as: 123456  Please check with your portal user if you are unsure. |  |
| 38 | *If answered Agency Childminder to question 35:*  What is your agency number? | This is a reference containing 9 characters which can be a mixture of numbers and letters. |  |
| 39 | *If answered Maintained School Nursery Class or Academy School Nursery Class to question 35:*  What is your school number? | Your school number will start with 935/ followed by four numbers, such as: 935/1234 |  |
| 40 | Please select the cluster your setting is in.  *Use the Cluster look-up tool on* [*Suffolk Learning - Early Years High Needs Funding*](https://suffolklearning.com/early-years/inclusion-send/early-years-high-needs-funding/) |  |  |
| 41 | What is your full name? | The person filling in this form. |  |
| 42 | What is your job role? |  |  |
| 43 | What is your phone number? | We will use this number to contact you if needed. |  |
| 44 | What is your email address? | Please enter your email address in the following format: person@example.com. We will use this email address to communicate with you. |  |