



Sheffield

SEND



Early Years Inclusion Fund Application Form

- Please complete this form alongside the [EYIF guidance](#).
- EYIF has to be applied for each academic year.

Child's details			
Name of Child	Johnny Little	Date Of Birth	13-Jan-21
Current setting	Little Tyke's Nursery	Setting E-mail	p.more@littletykes.co.uk
Person submitting	Penelope More (SENCO)	Setting Phone number	0114 263 4567
Current Year Group	NCY -1	Hours attending per week (includes funded and non-funded hours)	15
Is this a new application or renewal?	New application	Parent/carer advised of application?	Yes
Does the child have an EHC Plan?	No	Primary need	SLCN - Speech, language & communication needs
		Secondary need	PD - Physical disability
EY Sheffield Support Grid level (highest need only). Check box that applies.	3	4	5 (*see guidance below for Level 5)
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have SSG levels been moderated?	Yes	If yes, who moderated the SSG levels?	Health Worker (SALT, PT, OT etc)
Entitled to FEL?	Yes	If yes, FEL hours per week	15
Disability Access Funding (DAF)	Yes - funding in place	EFE hours per week (if appropriate)	Choose an item.
Sheffield SEND Services status and involvement (complete all that apply):			
Team	None	Yes	Referral made
0-5 SEND Service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Autism Social Communication Team	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Psychology Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vision Support Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impaired Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Care status and involvement (complete all that apply):			
Team	None	Yes	Referral made
Family Intervention Service (FIS) / Early Help	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child in Need (CIN)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Protection (CP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Looked After (CLA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SNIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ryegate / Sheffield Children's Hospital inc. SALT, Occupational Therapy, Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

EYIF Application Evidence Checklist (Please check the boxes and send evidence with this application form)	
Check undertaken that the application form has been completed, parent/carer consent received, DAF advised and FEL/EFE hours added (if appropriate).	●
Evidence attached of assessment of the child's development against the relevant areas of the EYFS.	●
Evidence attached of actions by the Early Years setting to meet the child's needs to date, including evidence of two completed cycles of the graduated response (Assess, Plan, Do Review)	●
EY Sheffield Support Grid Levels detailed.	●
Arrangements made during group and individual activities to facilitate the child's access and inclusion have been detailed (could be part of a support plan).	●
The Early Years Settings views (could be part of a support plan).	●
Parent/carer views included (either as part of support plan/meeting meetings or included in the further supportive notes below)	●
Evidence attached of reports from any specialist/medical services involved including their views, if appropriate (leave the box unchecked if no reports).	●
Further Supportive Notes	
<p>Please add notes to support the application including referrals made to other services not listed. If your setting is in receipt of DAF for the child, please detail how this has been utilised.</p> <p>EYIF is requested from 1.03.25 to provide twice daily intervention to help Johnny to make progress and to support Johnny to access the sensory room, daily - see extended support plan.</p> <p>Adult support required in F1 learning spaces to transfer and generalise language skills learnt in 1:1 environment.</p> <p>Additional adults to support individually under the direction of the teacher to work on highly modified, personal tasks that are planned to support skills and knowledge relating to specific needs.</p> <p>DAF funding has been used for 1:1. EYIF required to further support this and extra interventions.</p> <p>Parents are supportive of interventions. They want Johnny to be able to access nursery for longer. They want him to be ready for when he starts full time school.</p> <p>Our nursery views are on the attached Extended Support plan.</p>	

Send completed forms and evidence to 0-5 SEND via 0-5 Anycomms. This is the preferred method. If no access to Anycomms, please send password protected to 0-5SEND.SupportService@sheffield.gov.uk

NB: Early Years Providers are also reminded to claim Disability Access Funding for eligible children to help to support them support within the provision:

A child who is eligible for free early years educational entitlement, aged 3 or 4 years and in receipt of Disability Living Allowance, the Early Years setting will be able to claim a Disability Access Funding (DAF) payment of £910 per year. This funding should be utilised in the first instance prior to claiming EYIF. Providers should consider the eligibility criteria for DAF when making an application for EYIF.

For more information on DAF please visit: [Childcare funding for children with SEND \(including Disability Access Fund\) | Sheffield SEND Local Offer \(sheffielddirectory.org.uk\)](#)

*Children placed at Level 5 on the grid are recognised as having exceptional levels of need. Where a child is placed at Level 5 need or provision, in any area of the Early Years Sheffield Support Grid Exemplification

document, it is expected that this level will be allocated alongside moderation agreement from Local Authority representation (e.g. 0-5 SEND Teacher, Autism Teacher, Locality SEND Manager, NHS Health services and/or Educational Psychology Service) – in conjunction with agreement from other professional outside agencies, parents/carers and setting staff.