Please complete all sections

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Name****(including preferred name)** |  | **Date of birth** |  | **Gender** |  |
|  |
| **Parent/Guardian Name(s), home address, including postcode****Parental responsibility****Contact Number** | **Yes/No** |
| **Person making this request** |  |
| **Role** |  |
| **School/Academy setting** **(September 2025)** |  |
| **Contact details, including address and postcode and contact email address** |  |
| **Current setting****email address** |  |
| **Date started in current setting** |  |
|  |
| **Has an Early Help Assessment been completed?** | Yes / No |
| **Social care Status (*If Applicable)***  |  |
| **Primary SEN Need** **(DfE Code only)** |  | **Other (SEN) Need****(DfE Code only)** |  |

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| **Request to Early Years Request Panel** |
| **Current level of EIA** **(hours of support)**  |  |
| **Please note the continuation of EIA will be in addition to the Element 2 funding. Element two funding equates to £6,000 per annum (E.g. Approximately 13 hours of LSA support per week)** |
| **Decrease to \_\_ Hours Per Week**[ ]  | **Maintain****Maintain EIA**[ ]  | **Seeking Increase from\_ to Hours per Week** [ ]  |
| Supporting Information **to support an increase**: (please attach a copy of the proposed and costed autumn term SEN Support Plan **for this option only**) |
| Please note that this extension of EIA will cease at the end of a child’s Reception (FS2) year. The continuous Assess-Plan-Do-Review process will determine whether:1. the school is able to meet the child’s needs within whole school / notional SEN resources
2. a request should be made to the High Needs Panel for A banding resources at SEN Support (enhanced) level; or
3. a request should be made for a higher level of resource or specialist provision through the Education Health Care assessment pathway.
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| Please Attach/Include The Below Supporting Information  |
| Agreed FS1 to FS2 Transition plan  |  |
| Date(s) of Transition meetings |  |
| Support Plan developed **during the summer term** with input from both settings, family, EYIT/ other agencies as necessary. | Y / N  |
| Progress, outcomes and provision to be discussed in the consultation meetings with the school’s Educational Psychologist  | Has this taken place?Y / N |

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| **Any Additional Parental views** |
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| **Authorisation** |
| **Authorisation for the Request (current setting)** | **Name**  |  | **Position** |  |
| **Date** |  | **Signature** |  |
| **Authorisation for the Request (school if different to current setting)** | **Name**  |  | **Position** |  |
|  | **Date** |  | **Signature** |  |
|  |  |  |  |  |
|  |
| **Agreement of Parent(s) / Guardian(s):\*** | **Name(s)** |  | **Date** |  |
| **Signature(s)** |  |

**Please email to: earlyyearsrequest@doncaster.gov.uk**

**or return to:**

**Early Years Inclusion Team**

**Children, Young People and Families Directorate**

**Floor 3**

**The Civic Building**

**Waterdale**

**Doncaster DN1 3BU**