**Review of Early Years Inclusion Panel Support**

* In the Notification of Decision letter you will be informed of the start and end dates of funding or support (usually an academic term) if this has been allocated. This will include child’s next EYIP review date and the date for the review form to be returned.
* When the child’s inclusion funding review is due you may be contacted by your Early Years Advisory Teacher/SENCo to arrange a date to discuss the child’s progress.
* If support is awarded through Early Years Inclusion Panel (EYIP) a ‘Review of Inclusion Panel Support form’ will need to be completed with a current Target Plan attached and returned **at least 5 working days** prior to the EYIP meeting. **Failure to submit the review form will result in the child not being discussed at the panel and a loss of funding or support.**
* The information on the form will contribute to the panel’s decision as to whether funding/mentor support will continue or cease.
* Should funding/mentor support continue, you will need to complete this form again for each identified period/review.

Return forms to:

Early Years Inclusion Panel

SEND Team

Education, Corporate Parenting and Inclusion

Telford & Wrekin Council

6B Darby House

Lawn Central

Telford

TF3 4JA

Email: EYIF@telford.gov.uk

Contact: Jamie.Hayward@telford.gov.uk

**Review of Inclusion Panel Support**

|  |  |
| --- | --- |
| **Child’s Name** **D.O.B**  |  |
| **Setting** **Pattern of attendance:**  |  |
| **Number of hours allocated or mentor support**  |  |
| **Name of support worker and** **Key Person** |  |
| **Distribution of support hours through the week**  |  |
| **Graduated approach****How have support hours been used?**  |  |
| **What impact on the child’s development has the support had?** **(**refer to reviewed targets, observations,)  |  |
| **Next steps/ further needs** Is there a specific programme to be followed?  |  |

**Please attach evidence of a continued graduated approach (current Target Plan), signed and dated by the parent(s)/carer(s).**

**Signed (SENCo): Date:**