**Early Years Inclusion Grant**

**Case Study of Child Accessing the Grant**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s Name** |  | | | |
| **Setting Name** |  | | | |
| **Name of Key Person\SENCO (name of person completing case study)** |  | | | |
| **Child’s recognised Area of Need**  **(Please indicate the child’s primary need) *SEND Code of Practice Jan 2015 6.28\6.35 page 97&98*** | **Communication and Interaction** (ASD,SLCN) | Cognition and Learning (MLD,SLD,PMLD) | Social Emotional, Mental Health | Sensory and or physical needs (HI,VI,MSI) |
| **Dates attended whilst accessing the grant (from and to)** |  | **Total Funding received** | (Please leave blank if unknown) | |
| **Original Barriers to learning\access** | | | | |
| **Names and roles of any external professionals who have been involved with the child** | | | | |
| **Are there any stand out pieces of advice or support given by professionals that you would like to share with other settings?** | | | | |
| **What training\CPD have you accessed to support this child? Did you learn anything specific that you feel others would benefit from? Was there any training that wasn’t very helpful?** | | | | |
| **QUALITATIVE OUTCOMES FOR CHILD** | | | | |
| **Independence / confidence** | | | | |
| **Social skills / relationships** | | | | |
| **Behaviour / well-being** | | | | |
| **WOW moments for the child. Is there something the child has achieved that they may not have been able to achieve without the grant?** | | | | |
| **Outcomes for Parents** | | | | |
| **Do you have confidence in the settings ability to meet your child’s needs Yes No**  **Do you feel your child is safe in the setting? Yes No**  xquote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]  quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]  **Has your child been happy to attend setting? Yes No** | | | | |
| **Add any comments to support answers above** | | | | |
| **Have there been any stand out moments for you while your child has been attending setting?** | | | | |
| **Comments from Child** | | | | |
| **Please add any comments that the child would like to make regarding their time at setting** | | | | |
| **Reason the grant is no longer required** | | | | |
| **Please add if this is due to an EHCP now being in place, the child’s needs can now be supported within setting, child has left the setting etc** | | | | |

**Please fill in Appendix 1 Assessment indicating development at the start of the Grant.**

**Appendix 2 should show development at the end of the grant**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Appendix 1 Assessment Tracking Sheet at the start of the grant**  **Date of Assessment** | | | | | | | | |
| **Area** | **Aspect** | *Highlight child’s current ‘best fit’ stage of development and indicate level:*  *D= Developing, S=Secure, H=High) See below* | | | | | | |
| **PSED:** | Self-regulation | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| Building relationships | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| Managing self | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| **CL:** | Listening, attention and understanding | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| Speaking | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| **Physical:** | Gross Motor | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| Fine motor | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| **Literacy:** | Comprehension | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| Word reading | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| Writing | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| **Mathematics:** | Numbers | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| Numerical Patterns | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| **Understanding The World:** | People, culture and communities | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| Past and present | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| Natural world | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| **Expressive Arts and Design:** | Creating with materials | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| Being imaginative and expressive | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| *D= Developing: The child is just beginning to work within the developmental band*  *S=Secure: The child is well established within the band i.e. confidently meeting many of the statements*  *H= High: Evidence of learning which is* ***N****atural,* ***I****ndependent,* ***C****onsistent and* ***E****mbedded for almost all statements within the band* | | | | | | | | |
| **Areas below that typical for their age / of concern, requiring additional support at home and in setting:** *Indicate any areas where the child is below that typical for their actual age – where this is ‘significant’ concern record what actions are being taken to support at home and in the setting, for example early intervention strategies. NB if this box is filled in then it must be discussed with parent/carer first.* | | | | | | | | |
| **Areas above typical age stage:** | | | | | | | | |
| **Appendix 2 Assessment Tracking Sheet at the end of the grant**  **Date of Assessment** | | | | | | | | |
| **Area** | **Aspect** | *Highlight child’s current ‘best fit’ stage of development and indicate level:*  *D= Developing, S=Secure, H=High) See below* | | | | | | |
| **PSED:** | Self-regulation | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| Building relationships | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| Managing self | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| **CL:** | Listening, attention and understanding | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| Speaking | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| **Physical:** | Gross Motor | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| Fine motor | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
| **Literacy:** | Comprehension | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
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| **Mathematics:** | Numbers | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
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| **Expressive Arts and Design:** | Creating with materials | 0-1 | 1-2 | 2-3 | 3-4 |  |  |  |
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| **Areas below that typical for their age / of concern, requiring additional support at home and in setting:** *Indicate any areas where the child is below that typical for their actual age – where this is ‘significant’ concern record what actions are being taken to support at home and in the setting, for example early intervention strategies. NB if this box is filled in then it must be discussed with parent/carer first.* | | | | | | | | |
| **Areas above typical age stage:** | | | | | | | | |