

**Trafford Provision Map**

**For Early Years SEND Funding Requests**

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| Please refer to **Trafford’s Early Years Provision Mapping Guidance** and **Trafford’s Early Years Graduated Approach Guidance** to help you complete this form. You should describe outcomes for the child linked to the relevant area/s of need and the provision you will put in place to meet these outcomes. Universal provision can be shown but does not need to include costs. Funding is not available to cover staff training, equipment or resources. It is essential that you provide costs for the provision which is *additional to* and *different from* the provision for others. At the end of the funding period, you will be required to evaluate this provision map by completing the review section. The outcomes and provision detailed on this provision map should be for a six month period and co-produced with a member of staff from an EY SEND Service involved with the child. |
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| 1. **General Information** | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Child’s name: | Click here to enter text. | | | | | Date of birth: | | Click here to enter a date. | | | School or setting: | Click here to enter text. | |  | | | | | | | | | | | | | | Hours child attends setting: | | | Click here to enter text. | | | | | Other settings the child attends (if applicable): Click here to enter text. | | | | | |  | | | | | | | | | | | | | | Start date of provision map: | | | | Click here to enter a date. | | |  | | | Review date of provision map: | | Click here to enter a date. | |  | | | | | | | | | | | | | | Co-produced with: | | SENAS  TEDS  Area SENCO  Sensory Impairment Support Service  Parent/Carer | | | | | | | | | | | |  | | | | |  | | | | | | | | | Trafford SENAS/TEDS Practitioner name: | | | | | Click here to enter text. | | | | | | | | |  | | | | | | | | | | | | | | Is the child attending their full entitlement of hours as agreed with the parent? | | | | | | | | | Click here to respond. | | | | | | | | | | | |
| 1. **Child’s Main Area(s) of Need (select appropriate box[es]):** | | | | | | | |
| **Cognition and Learning** | | | | **Communication and Interaction** | | | |
| **Social, Emotional and Mental Health** | | | | **Sensory, Physical or Medical** | | | |
| 1. **Assess - What do you know about the child’s strengths and needs?** | | | | | | | |
| Briefly describe the child’s main strengths and needs including how they affect the child’s inclusion and participation within your setting. Consider the child’s needs at different times of the day e.g. during activities, drop off/pick up, meal or snack time, toileting, indoor or outdoor play, carpet time.   |  |  | | --- | --- | | **Strengths** | **Needs** | |  |  | | | | | | | | |
| **Wellcomm (required for all applications)**  Date of most recent screen: Click here to enter a date.  Score for chronological age: Choose an item.  Green score achieved: Choose an item. | | | **Ages and Stages Questionnaire –Social Emotional (ASQ2:SE)**  **(required where a child has social & emotional needs)**  Date of most recent screen: Click here to enter a date.  Score for chronological age: Choose an item. | | | | **Intensive Interaction**  Date of most recent assessment:  Click here to enter a date.  Level child is working at:  Choose an item. |
| **Early Years Developmental Journal (EYDJ)**  **(required if a Portage Checklist has not been completed)**  Date of most recent assessment: Click here to enter a date.  Personal, Social and Emotional: Choose an item.  Communication: Choose an item.  Physical: Choose an item.  Thinking: Choose an item. | | | **Portage SEND Best Practice Assessment Checklist**  Date of most recent assessment: Click here to enter a date.  Physical development – Gross Motor: Choose an item.  Physical development - Fine Motor: Choose an item.  Health and Self Care: Choose an item. Communication and Language: Choose an item.  Personal social: Choose an item. | | | |
| 1. **Plan – What are you hoping the child will be able to do as a result of the funding?** | | | | | | | 1. **Did the child achieve the outcome?** |
| **SMART outcomes to be achieved:** | | | | | | | (complete at end of funding period using your APDR) |
| 1. | | | | | | | Choose an item. |
| 2. | | | | | | | Choose an item. |
| 3. | | | | | | | Choose an item. |
| 4. | | | | | | | Choose an item. |
| 5. | | | | | | | Choose an item. |
| 6. | | | | | | | Choose an item. |
| 1. **Do – What will you provide, as a result of the funding, that will help the child achieve the above outcomes?** | | | | | | | 1. **Cost per week** |
| **Provision to meet the above outcomes in section 4 including (include staff ratio/ length/ frequency)**  The costing must be linked to additional adult support rather than equipment, resources, training etc. | | | | | **Weekly Hours** | **Hourly Cost** | **Total Cost** |
| 1. | | | | |  |  |  |
| 2. | | | | |  |  |  |
| 3. | | | | |  |  |  |
| 4. | | | | |  |  |  |
| 5. | | | | |  |  |  |
| 6. | | | | |  |  |  |
| **Total cost:** This is the total cost per week of the provision by the school/setting which is ***additional to*** *and* ***different from*** provision for others. | | | | | | | **£** Click here to enter text. **Per week** |
| 1. **Review – What have you learned from this cycle of Assess-Plan-Do-Review?** (complete at end of funding period) | | | | | | | |
| Briefly describe the child’s progress in response to this cycle of funding. Please make reference to the voice of the child and family as well as your own views on progress. | | | | | | | |
| **Wellcomm (required for all applications)**  Date of screen: Click here to enter a date.  Score for chronological age: Choose an item.  Green score achieved: Choose an item. | **Ages and Stages Questionnaire – Social Emotional (ASQ2:SE)**  **(required where a child has social & emotional needs)**  Date of screen: Click here to enter a date.  Score for chronological age: Choose an item. | | | | | | **Intensive Interaction**  Date of assessment:  Click here to enter a date.  Level child is working at:  Choose an item. |
| **Early Years Developmental Journal (EYDJ)**  **(required if a Portage Checklist has not been completed)**  Date of assessment: Click here to enter a date.  Personal, Social and Emotional: Choose an item.  Communication: Choose an item.  Physical: Choose an item.  Thinking: Choose an item. | **Portage SEND Best Practice Assessment Checklist**  Date of assessment: Click here to enter a date.  Physical development – Gross Motor: Choose an item.  Physical development - Fine Motor: Choose an item.  Health and Self Care: Choose an item.  Communication and Language: Choose an item.  Personal social: Choose an item. | | | | | |
| On a scale of 1 to 5 how would you rate how the SMART targets are met.  Select a rating | | Please explain your reason for this rating in 1 to 2 sentences. | | | | | |
| On a scale of 1 to 5 please rate the child’s overall progress in your setting. This is an opportunity to reflect any progress that you feel has been made, which does not relate to the SMART targets.  Select progress | | Please explain the child’s overall progress in 1 to 2 sentences. | | | | | |
|  | | | | | | | |
| **Please provide comments or examples from the perspective of each person** | | | | | | | |
| **Practitioner:** | | | | | | | |
| **Child Voice:** | | | | | | | |
| **Parent/Carer Voice:** | | | | | | | |
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| **Trafford SENAS/TEDS Practitioner name, if different from section 1:** Click here to enter text. | | | | | | | |
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| **Did the child attend their full entitlement of hours as agreed with the parent/carer?** Click here to respond. | | | | | | | |

Thank you for reviewing your EY SEND Funding Provision Map at the end of the funding period. Please email the completed form to [earlyyears.business@trafford.gov.uk](mailto:earlyyears.business@trafford.gov.uk)

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| **For Trafford Council Use Only:** | |  |  |
| Funding level agreed |  | Total funding amount received |  |