**Audit of Special Educational Needs and/or Disabilities (SEND) - Early Years Provision**

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This forms part of the centrally funded, universal offer. Completion of this audit will help you to identify the children at your setting who require additional support. When completed, you should return it to eyinclusion@portsmouthcc.gov.uk

This will enable the early years inclusion team to prioritise and allocate appropriate support and guidance.

Please complete for all children identified with SEND. If you have no children with SEND in your setting at this time please write 'NIL' across the audit and submit.

**The submission of this form assumes that parental consent has been sought and recorded to share this information.**

**Please make sure that your parents are informed and aware that this information is being shared with and held by the early years team.**

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| Please return by**Friday 15th October 2021**The submission of this form must be via the secure email link eyinclusion@portsmouthcc.gov.uk | **Name of early years provider:** **Name and role of person completing this audit:**  **Contact number: Date completed:** **Name of manager: Name of SENCo:**  |
| **\*Definition of terms:** SLCN=speech, language or communication needs, SEMH=Social, emotional and mental health, GDD=global developmental delay, HI=hearing impairment, VI=visual impairment, PD=physical disability, PMED= physical and medical diff, ASD=autistic spectrum disorder, OTHD=other difficulty/disability\*\* Speech and Language, Health Visitor, Early Years Panel, Portage, Consultant Community Paediatrician, Physio therapy, Occupational therapy, Sensory Impairment, Other\*\*\*EYPP=Early Years Pupil Premium, DLA=Disability Living Allowance, DAF=Disability Access Fund, SENDIF=Special Educational Needs and Disabilities Inclusion Fund |

| **Child's name** | **Date of birth** | **Year of school entry** | **Area of need\****(Circle all**that apply)* | **SEND plan/ IEP in place?** | **Details of outside agencies\*\*** | **Funding** | **What have you already put in place?****(Please give details)** | **Would you benefit from additional advice, guidance or support from the EY inclusion team?** |
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|  |  |  | SLCN SEMHPMED GDD ASD HIVI PD OTHD | YesNoIn progress |  | 2yr oldDAFDLAEHCPEYPPSENDIF |  |  |
|  |  |  | SLCN SEMHPMED GDD ASD HIVI PD OTHD | YesNoIn progress |  | 2yr oldDAFDLAEHCPEYPPSENDIF |  |  |
|  |  |  | SLCN SEMHPMED GDD ASD HIVI PD OTHD | YesNoIn progress |  | 2yr oldDAFDLAEHCPEYPPSENDIF |  |  |
|  |  |  | SLCN SEMHPMED GDD ASD HIVI PD OTHD | YesNoIn progress |  | 2yr oldDAFDLAEHCPEYPPSENDIF |  |  |
|  |  |  | SLCN SEMHPMED GDD ASD HIVI PD OTHD | YesNoIn progress |  | 2yr oldDAFDLAEHCPEYPPSENDIF |  |  |
|  |  |  | SLCN SEMHPMED GDD ASD HIVI PD OTHD | YesNoIn progress |  | 2yr oldDAFDLAEHCPEYPPSENDIF |  |  |
|  |  |  | SLCN SEMHPMED GDD ASD HIVI PD OTHD | YesNoIn progress |  | 2yr oldDAFDLAEHCPEYPPSENDIF |  |  |
|  |  |  | SLCN SEMHPMED GDD ASD HIVI PD OTHD | YesNoIn progress |  | 2yr oldDAFDLAEHCPEYPPSENDIF |  |  |

PLEASE continue if needed