

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

**Early Years Provision**

This is an audit to identify the children at your setting who require additional support for SEND. When completed, you should return it to [eyinclusion@portsmouthcc.gov.uk](mailto: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. Please write 'NIL' across the audit if there are none 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  **Monday 9 October 2023**  The submission of this form must be via the secure email link  [eyinclusion@portsmouthcc.gov.uk](mailto: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  PMED = physical and medical diff  GDD = global developmental delay  ND = neurodiverse  HI = hearing impairment  VI = visual impairment  PD = physical disability  OTHD = other difficulty/disability | **\*\***  EYP = Early Years Panel  SLT = Speech and Language  HV = Health Visitor  P = Portage  CCP = Consultant Community Paediatrician  VHT = Vision and Hearing team  PT = Physiotherapy  OT = Occupational therapy  Other | **\*\*\***  2yr old = 2 year old funding  DAF = Disability Access Fund  DLA = Disability Living Allowance  EHCP = Education, Health and Care Plan  EYPP = Early Years Pupil Premium  SENDIF = Special Educational Needs and Disabilities Inclusion Fund emerging  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)* | **Details of outside agencies\*\*** | **Funding\*\*\*** | **What have you already put in place?**  **(Please give details e.g., SEN plan in place)** | **Are you making an EHC assessment request?** | **Would you benefit from additional advice, guidance, or support from the EY inclusion team?** |
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|  |  |  | SLCN  SEMH  PMED  GDD  ND  HI  VI  PD  OTHD | EYP  SLT  HV  P  CCP  VHT  PT  OT  Other | 2yr old  DAF  DLA  EHCP  EYPP  SENDIF  SENDIF+ |  | **Yes/No**  Are parents in agreement with the request?  Do you need support to complete the request? |  |
|  |  |  | SLCN  SEMH  PMED  GDD  ND  HI  VI  PD  OTHD | EYP  SLT  HV  P  CCP  VHT  PT  OT  Other | 2yr old  DAF  DLA  EHCP  EYPP  SENDIF  SENDIF+ |  | **Yes/No**  Are parents in agreement with the request?  Do you need support to complete the request? |  |
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Please continue if needed…