

## SEN Inclusion Fund Review Form

**2025-2026**

This review must be agreed with and signed by the parent/carer as part of the Assess, Plan, Do, Review cycle as set out in the SEND Code of Practice (2014). Please refer to the “Stoke-on-Trent SENIF Guidance” for further information on SENIF funding.

### Section 1: Setting details

<b>Setting Name</b>	
<b>Telephone number</b>	
<b>Setting email</b>	

### Section 2: Child's details

<b>Child's name</b>	
<b>Date of birth</b>	
<b>Changes to child's funded hours/ sessions since original application (please give details)</b>	

### Section 3: Impact of SENIF on child's development

#### Review of child's development

	<b>Application</b> (insert date)	<b>Term 1 Review</b> (insert date)	<b>Term 2 Review</b> (insert date)
	<b>Age: (insert age in months)</b>	<b>Age: (insert age in months)</b>	<b>Age: (insert age in months)</b>
<b>Communication and Language</b>			
<b>Listening, attention and understanding</b>			
<b>Speaking</b>			
<b>Personal, Social and Emotional</b>			
<b>Self-Regulation</b>			
<b>Managing Self</b>			
<b>Building Relationships</b>			
<b>Physical</b>			
<b>Gross Motor</b>			
<b>Fine Motor</b>			

**Please describe the impact of the SEN Inclusion Funding given last term and how it has improved the outcomes for the child**

<b>Area of Spend</b>	<b>Amount of funding spent</b>	<b>Impact – please give real life examples</b>
<b>Equipment &amp; resources</b>		
<b>Staff training</b>		

<b>Staffing capacity (enhanced ratios)</b>		
<b>Other</b>		

**Please record any additional benefits or positive impact that SENIF has had on the child (that are not already captured in the tables above)**

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**Based on this review, please indicate the child's SENIF needs for the next term**

<b>Continuation of funding at current rate</b> please information on how you intend to use the funding in the coming term e.g. continue to provide additional staffing for interventions	
<b>Reduction of funding</b> please give reasons why e.g. child's hours have reduced; child is requiring less support due to progress made	
<b>Cease funding</b> please give reasons why e.g. child has made significant progress, and needs can be met within the settings resources	

## Section 4: Parental Consent

In line with the SEND Code of Practice (2014), settings must work in partnership with parents/carers to establish the support their child needs. Parents/Carers should be informed of and fully involved in making decisions around supporting a child's possible Special Educational Needs and/ or Disabilities.

I understand that my child's setting is requesting additional funding from Stoke-on-Trent City Council to help to support my child's additional needs and agree with the information contained in this review.

Stoke-on-Trent City Council will process personal information included in this document in accordance with the General Data Protection Regulation 2018. For more information please visit

[https://www.stoke.gov.uk/info/20032/our\\_data/157/how\\_we\\_use\\_your\\_personal\\_information](https://www.stoke.gov.uk/info/20032/our_data/157/how_we_use_your_personal_information)

<b>Parent/Carer signature</b>	
<b>Parent/Carer full name (please print)</b>	
<b>Relationship to child</b>	
<b>Date</b>	

## Section 5: Setting declaration

- I confirm that I have read the SENIF Guidance document and all information is provided on this application is true and accurate at the time of completion.
- I confirm that parents/carers of all individual children are aware of and have agreed with this application.
- I confirm that my EYILS Officer agrees that this application is needed to support the children included.
- I understand that SENIF is subject to scrutiny and monitoring at any time so receipts and invoices for resources or staffing must be kept.
- I understand that the funding awarded must be used to support the children for whom it was given as agreed.
- I understand that I must inform EYILS immediately of changes to attendance patterns that will impact on this funding.

<b>Signature of applicant</b>	
<b>Name of applicant</b>	
<b>Role in the setting</b>	
<b>Date</b>	

Once completed, please email this form to the Early Years Inclusive Learning Service [eyils.sp@stoke.gov.uk](mailto:eyils.sp@stoke.gov.uk)