

Additional Support and /or Special Consideration Requests

Shine Bright EYM Advisors continue to receive calls from Educators regarding the difficulties they are facing with groups of challenging combinations of children with additional needs. We have updated this procedure and encourage you use this form to submit requests for additional support and or special consideration. Please provide us with as much information as you can to give us a clear picture of the challenges you are facing. Each request will be taken on a case by case basis and reviewed with Early Years Manager and Advisors.

Please complete the following and submit to your Early Years Advisor.

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| Service Name: | Click or tap here to enter text. |
| Teacher/Room Leader/Educator completing this form: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |
| Child/Children’s Names: | Click or tap here to enter text. |

Please give us a clear picture of the challenging behaviours/situations that you have in the group and which day/days additional support is required.

i.e. Child A diagnosis of behaviour is …. Child B not diagnosed but needs are …

Three early start children whose needs are etc

Click or tap here to enter text.

Does the child/ren have any form of diagnosis?

Click or tap here to enter text.

Please give details of family’s journey so far, for each child.

Click or tap here to enter text.

Have you or are you applying for KIS/ISP funding for any of these children?

Click or tap here to enter text.

Please detail the specific issues that you are experiencing which have led to this request? e.g. Include how closely this child/children need/s to be supervised and how frequently support procedures are required, is the child a risk to self, risk to other children, risk to staff/parents etc?

Click or tap here to enter text.

What strategies have you already tried? What were the outcomes? Where to next?

Click or tap here to enter text.

Give details of meetings held with the child/ren’s parents/carers?

Click or tap here to enter text.

What works for the child/ren at home? Have you and the family developed a Behaviour Guidance Plan for the child/ren? (Please see Shine Bright website under Policies – Interaction with Children Policy Attachment 3 for blank template and Attachment 4 for examples.)

Click or tap here to enter text.

Please describe the child/ren’s strengths, interests and abilities

Click or tap here to enter text.

**Specifically what additional support do you require?**

Click or tap here to enter text.

If you seek additional staffing what specific times do you need support? Eg. Start of day, pick up time, pack up times, change of routine etc? and why.

Click or tap here to enter text.

How long do you expect that this additional support will be required?

Click or tap here to enter text.

Is there any other support that can be offered?

Eg. Professional Development, mentoring, support when completing a KIS/ISP application, support when meeting with families?

Click or tap here to enter text.

***Disclaimer: Completion of this form does not guarantee that all of your request will be approved, we will make every effort to provide support to meet your needs.***

Please provide feedback on this form, have we covered everything? Do you have any further suggestions?

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| **Office Use Only** |
| Date Received: | Click or tap to enter a date. |
| Reviewed by: | Early Years Manager [ ]  | Early Years Advisor [ ]  |
| Outcome: | Click or tap here to enter text. |
| Revision Date: | Click or tap to enter a date. |
| Service advised via phone / date email sent: | Click or tap here to enter text. |
| Additional Supportrelief organised. Name and time frame: | Click or tap here to enter text. |
| KIS/ISP applicationdelivered to DET : | Click or tap here to enter text. |
| DET/ISP correspondencereceived: | Click or tap here to enter text. |
| Noah’s Ark Support/LDCnominated: | Click or tap here to enter text. |
| Notes: | Click or tap here to enter text. |