**Application for a part time (morning) place at the Speech and Language ERP from September 2017**

**Checklist for Application**

|  |  |  |
| --- | --- | --- |
| **School**  | **Pupil Name**  | **DoB** |

This should only be sent with agreement of the SaLT: Name of SaLT

 Date agreed

This should only be sent with agreement of the EP: Name of EP

 Date agreed

Schools should collect the information below for discussion with the SaLT and EP in the first instance.

This checklist with attached evidence should be emailed to SENdept@york.gov.uk by June 26th 2017

**\* = Compulsory evidence**

SENAP anticipate that the evidence listed will be embedded in, or as an appendix to, a My Support Plan/ EHCP.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **\*** | Collected | SENT |
| **Background** |  |  |  |
| * Parent View in MSP/EHCP or Parent Letter
 | **\*** |  |  |
| * Pupil views in My Support Plan (MSP) /Pupil Passport
 | **\*** |  |  |
| * Social Emotional and Behavioural overview
 |  |  |  |
| * Teacher/SENCO report or evidence included in MSP
 | **\*** |  |  |
|  |  |  |  |
| **Attainment and progress** |  |  |  |
| * NC Attainment and progress Reading, Writing, Maths and Speaking / Listening over time in MSP/EHCP
 | **\*** |  |  |
| * SaLT assessments outlining areas of need
 | **\*** |  |  |
| * Evidence which supports speech and / or language being a primary need e.g. EP report / memo
 | **\*** |  |  |
| * Other assessment information e.g. CYC Assessment Record
 |  |  |  |
| **Provision and use of funding** |  |  |  |
| * Impact of teaching and provision as described in the CYC Threshold Banding and included in MSP/EHCP
 | **\*** |  |  |
| * Detail of teacher / TA support time allocated (can be in MSP/EHCP)
 | **\*** |  |  |
| * Evaluated IEPs or Examples of Personalised Learning Plans (PLPs)
 | **\*** |  |  |
| * Impact of SaLT programme / intervention ( ideally for two terms)
 | **\*** |  |  |

Completed on...................

Completed By......... Name: Position: