



## Rainbow Admission Application

### Appendix i: Rainbow Admission Application

CHILD'S NAME:	DATE OF BIRTH:
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**ALL BOXES MUST BE FULLY COMPLETED FOR CONSIDERATION AT THE EARLY YEARS INCLUSION PANEL**

Please demonstrate how the above named child meets the following criteria:

**Is identified or diagnosed as having social and communication difficulties, which may or may not include a diagnosis of Autistic Spectrum Disorder:**

**Demonstrates intentional communication skills, these may be verbal or non-verbal, for instance the use of PECS or communication boards:**

**Has evidence of advice from at least one external agency, for example Speech and Language Therapy, Occupational Therapy, Educational Psychology or the Child Development Centre and has demonstrated that they have benefitted from therapeutic input and made progress towards targets set:**

**Is working within Development Matters or Derbyshire Small Steps:**

**Any further information about the child to support the application to the Rainbow Resource:**

Application made by:	Parent name:
Designation and setting:	Signature:
Date:	Date: