**MEDICAL FUNDING REVIEW FORM**

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| **Date of the review:** |  |
| **Name**  |  | **Address** |  |
| **D.O.B** |  | **Setting** |  |
| **Ethnicity** |  | **SEN Status**  |  |
| **Year Group** |  | **Attendance**  |  |
| **Name of person with parental responsibility** |  |
| **Relationship** |  |
| **Address** |  |
| **Contact no** |  | **Contact no** |  |
| **e-mail** |  | **e-mail** |  |

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| **Attendance at review meeting** |
| **Name** | **Role** | **Contact details** | **Attended meeting** | **Sent advice/report** |
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| **Summary of the child’s current medical needs and the impact in school** |
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| **How is the medical funding being used to meet the child’s needs?** |
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| **Has there been any significant change to the child’s medical needs over the last 12 months?** |
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| **What steps is school taking in trying to increase the child’s independence in managing their medical condition?** |
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| **Please confirm the steps to develop independence are agreed by parents, health professionals and school.****Yes No**  |
| **If no please state the reasons.** |
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| **Other service involvement** |
| **Name** | **Service** | **Contact Details** | **Dates of involvement** |
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| **Recommendation from the review** |
| **Recommendation** |  | **Any additional information** |
| Maintain the medical funding with no changes |  |  |
| Decrease in funding to recognise independence |  |  |
| Medical funding is no longer required |  |  |
| An increase in funding is required |  |  |

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| **Signature** |
| **Name:** | **Position:** |
| **Signature:** | **Date:** |
| **Date submitted to the LA:** |  |

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| **Please return to the Inclusion Allocation Panel within two weeks of the date of the review meeting. Please ensure you attach:** |
| Care Plan devised with relevant health professionals  |  |
| Up to date medical information evidencing the requirement for the medical provision outlined in the Care Plan |  |
| Costed Provision Map evidencing use of school’s delegated funding and use of previous Medical Funding |  |
| Views of parent, pupil and other professionals |  |

**Please return to the Inclusion Allocation Panel by e-mail to** **additionalneedsteam@bury.gov.uk**