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| **Request for review of SEN Support Plus funding**  |

**Please send this application electronically to:** **additionalneedsteam@bury.gov.uk**

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| **Name of Child** |  | **Date of Birth** |  |
| **Current Setting** |  | **NC Year Group** |  |
| **Attendance/Exclusion details** |  | **SEN Census Disability Code** |  |
| **Address** |  | **Ethnicity**  |  |
| **Is the child known to social care?** **Please highlight any that apply** | Looked after child | Child Protection  | Child in Need  | Early Help  |
| **Does the child have any health needs that impact on his/her learning?** |  |
| **Have you discussed this request with parents?** |  |

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| **Brief description of the child/young person’s strengths**  |  |
| **Description of child/young person’s needs and how this impacts on their learning**  |  |
| **Details of current and previous attainment and rates of progress** |  |
| **Details of how you have utilised your delegated funding (£6,000) and previous SEN Support Plus funding to support the child/young person and the impact (include dates of APDR cycles and clear evidence of impact)** |  |
| **Details of involvement of external and specialist agencies/professionals; include dates, duration and impact**  |  |
| **Details of any standardised assessments**  |  |
| **What outcomes are you seeking for the child/young person as a consequence of accessing continued SEN Support Plus Funding?**  |  |
| **Any other information not covered above or included in the supporting information** |  |

**Signed**

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| **Name:**  |  |
| **Designation:**  |  |
| **School/Setting:**  |  |
| **Date:**  |  |

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| **Have you attached ?** | 🞎 Reviewed Costed Provision Map, learning plan or similar 🞎 Proposed Costed Provision Map, learning plan or similar🞎 Copy of pupil profile or pupil passport🞎 Copy of last two reviewed APDR Cycles🞎 Up to date attainment and progress information🞎 External advice/reports (if available)🞎 Details of reasonable adjustments under the Equalities Act (if applicable) |