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

**Please send this application electronically to:** [**additionalneedsteam@bury.gov.uk**](mailto: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) |