

**Social Care and Education**

**SEND Support Service (SENDSS)**

**Top Up Element 3 Funding One Year Review**

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| Name of school |  |
| Name and contact details of person completing the form |  |
| CYP’s name  |  |
| Date of birth |  |
| Year group  |  |
| Student ID | *(internal use only)*  |
| Funding band received |  |
| **If applicable** - Current external professional involvement | *Summary of advice and implementation (within the last year)* |
| Current Pupil Outcomes  | *(These can be different to the outcomes stated in the element 3 application)* |
| Provision provided by school with funding  | *(Please include whether a member of staff was employed, either on a permanent, temporary or agency basis, or whether existing staff were redeployed to provide support.)* |
| Impact of funding on the child or young person.  | *(Please include how the funding has facilitated progress e.g. data related to outcomes, attendance, rate of attainment, small step progress, emotional regulation, social interaction, language development, preparation for adulthood (independence and self help skills)* |
| Are there any current barriers to progress? | *Please identify current barriers to progress and any support required to address those barriers.*  |
| Have there been any changes to the hours the CYP is attending school? | *(Please note that if the CYP is on a reduced timetable, school will need to complete a part time timetable notification form, The link for this can be found on the* [*Extranet*](https://schools.leicester.gov.uk/services/education-welfare-service/part-time-timetable-alternative-provision-notification/)*)* |
| Has the CYP received any suspensions since funding began? | *(Please include the dates, lengths and circumstances for any suspensions)* |
| Has the CYP accessed any Alternative Provision since funding began? *Only complete if applicable* | *Internal AP (Please include days and hours):*  |
| *External AP (Please include days and hours):*  |
| EHCP Pathway initiated? *Only complete if applicable* | *Date* |
| Any other information? |  |

**Please return:**

1. **The above completed form**
2. **A current SEN Support Plan (this can be School’s own version) which includes evidence of 2 cycles of schools assess, plan do review process**
3. **Updated specific BERA**
4. **Proposed timetable for the second year of funding**

**If you wish, you may also attach any other pertinent documentation (such as updated assessments and reports)**

**Please return the completed form and attachments to** **sendinclusionfunding@leicester.gov.uk** **within 10 working days**

**As part of our quality assurance processes, you may be contacted by a member of the Quality Inclusion Team to take part in a face-to-face review which will involve an observation of the CYP and a discussion between the school SENDCo and the QIT review team.**

**If the review documentation is not returned within 10 working days we will assume funding is no longer required and the funding will cease at the one-year point.**