*Please send this request marked ‘***Request for High Needs funding’** *preferably by email to: sendhnf@doncaster.gov.uk, to SEN Team, City of Doncaster Council, Civic Office, Waterdale, Doncaster DN1 3BU. Thank you****.***

**Request for High Needs Element 3 top up funding**

**at SEN Support (enhanced)**

|  |  |
| --- | --- |
| Name of child: |  |
| Date of Birth: |  | Year Group: |  |
| Home address: |  |
| Name of school: |  |
| Name of Head teacher/ Principal/SENCO requesting funding:  |  |
| Date of request: |  |

1. **Documentation** **attached**:
* **Review** of progress against the child’s individual outcomes from the previous SEN Support Plan (including views from parents, others involved and child views if appropriate [ ]
* **Current or proposed SEN Support Plan**

*(please do not send older plans)*  [ ]

*(SEN Support Plans should summarise areas of assessed need e.g. around learning, participation and engagement, socialisation, communication, emotional health and wellbeing, physical and sensory needs and developing independence;* ***SMART*** *long, medium and short term outcomes* ***including attainment in core subjects****; and specific matched provision with groupings, frequency and time*)

**Note: it should be clear what resources are being deployed in and out of the classroom and during unstructured times. If the SEN Support Plan does not detail all whole class, group and 1:1 targeted support, please provide a supplementary individual provision map or timetable. It is important that these documents are clear and provide an evidence base to support your request for funding.**

[ ]

* Child’s one page profile [ ]

* It is expected that the Educational Psychology Service will be involved when a child is considered to be at the higher SEN Support stage of the graduated approach. Please confirm that your EP is involved**.**  [ ]

**2: Class profile**

|  |  |  |  |
| --- | --- | --- | --- |
| Numbers of children: | Number in class*(average for core subjects in secondary)*  | % in class | % of whole school |
| Total |  |  |  |
| SEN support |  |  |  |
| Statement / EHCP |  |  |  |
| LAC |  |  |  |
| EAL |  |  |  |
| In receipt of Pupil Premium |  |  |  |

|  |
| --- |
| Weekly average class adult : children ratio*(including teacher) (core subjects in secondary)* |
| Mornings: |   | Afternoons: |   |

**3: Summary of request to supplement Element 1 and 2 whole school funding**

1. Banding requested

A1 £1.000 [ ]

A2 £2,000 [ ]

A3 £3,000 [ ]

A4 £4,000 [ ]

1. Rationale with reference to the documents attached. Please outline:

|  |
| --- |
| 1. How the combined Element 1, 2 and 3 funding, together with other financial or service resources, will be used to meet assessed needs and the difference this additional funding will make

*(It is helpful to comment on the following as sub headings)** *extent of differentiation in teaching and assessment;*
* *modification to the environment and other reasonable adjustments;*
* *what is working and should be continued; and*
* *what has been tried but has not worked.*
 |
|  |

|  |
| --- |
| *ii)* attainment (in years compared to chronological age) and progress from the child’s own starting point |
|

|  |
| --- |
| **Attainment**Please state if current attainment is ***below, in line*** or ***above*** the child’s age related expectations (ARE) in each area. |
|  | **Working Above ARE**  | **Working at ARE** | **Working Below ARE (If significantly below please state Year group that the child is working within)** |
| **Speaking and Listening / Communication and Language** |  |  |  |
| **Literacy (Reading)** |  |  |  |
| **Literacy (Writing)** |  |  |  |
| **Mathematics** |  |  |  |
| **Other key assessment(s)** |  |  |  |

 |

|  |
| --- |
| *iii)* Please add any other supporting information including:• Summary of parental views, wishes, feelings and aspirations• Advice sought from external agencies and how this has been acted upon• How progress will be measured |
|  |

|  |
| --- |
| Local Authority to complete |
| Decision *(approve/ request further information/ decline with reasons)* |  |
| Date of decision: | Date of review (if approved): |