*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****.***

**Progress report for High Needs Element 3 top up funding**

**at SEN Support (enhanced)**

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| --- | --- |
| Name of child: |  |
| Date of Birth:  |  | Year Group: |  |
| Home address: |  |
| Name of school: |  |
| Name of Head teacher/ Principal |  |
| Date of request: |  |
| Date funding commenced: |  |
| Banding allocation (A1-4) |  |

1. Progress report after two terms

 Please outline:

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| 1. How the combined Element 1, 2 and 3 funding, together with other financial or service resources, was used to meet assessed needs

*(It is helpful to comment on the following sub headings and/or any variation from the SEN Support Plan submitted at the initial request stage:** *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.*
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| *ii)* attainment (in years compared to chronological age) and progress from the child’s own starting point |
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| **Attainment**Please state attainment prior to receiving funding and current 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)** |
|  | **Pre funding** | **Post funding** | **Pre funding** | **Post funding** | **Pre funding** | **Post funding** |
| **Speaking and Listening / Communication and Language** |  |  |  |  |  |  |
| **Literacy (Reading)** |  |  |  |  |  |  |
| **Literacy (Writing)** |  |  |  |  |  |  |
| **Mathematics** |  |  |  |  |  |  |
| **Other key assessment(s)** |  |  |  |  |  |  |

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| 1. Have the SMART short term outcomes been met over the two terms:

Yes Partially NoIf Partially or No, please explain further:  |
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| 1. Has progress been made towards achieving the medium term and long term outcomes?
2. Yes on target to meet medium term outcomes
3. Long term outcomes remain appropriate

If not on target or medium/ long term outcomes are no longer appropriate please explain further below. |
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| 1. 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
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| **Request to High Needs Panel (please tick as appropriate)*****Please note that if A banding funding is agreed, this will continue and an annual progress report will be requested in time to make a decision on further continuation*** |
|  | **A1** | **A2** | **A3** | **A4** |
| **Current Level** |  |  |  |  |
| **Request (please select one from a-e and tick recommended level)****For b), c) and d) please indicate if the request is for less than the 12 months**  |
| 1. **Cease**
 | **SEN Support (K) Elements 1 and 2** | **No SEN (N)** |
| 1. **Decrease to**
 |  |  |  |  |
| 1. **Maintain**
 |  |  |  |  |
| 1. **Increase to**
 |  |  |  |  |
| **OR** |
| 1. **EHC needs assessment will be requested within one month**
 |  | **Please note: If this option is recommended the Panel/LA will consider whether funding should continue and at what level.** |
| The continuous Assess-Plan-Do-Review process should evidence whether:1. the school is able to meet the child’s needs within whole school / notional SEN resources (cease)
2. A lower level of A banding resources is required to continue at SEN Support (enhanced) level;
3. Current A banding allocation is meeting needs and progress is being made
4. A higher level of A banding resources is requested to continue at SEN Support (enhanced) level for a further period
5. Level of need is above the combined Element 1, 2 and A banding resource and/or specialist provision may need to be considered through the Education Health Care assessment pathway.
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| Local Authority to complete |
| Decision *(approve/ request further information/ decline with reasons)* |  |
| Date of decision: | Date of next review (if approved): |