**Request for Graduated Support Pathway Funding for children at SEN Support.**

**Summary of attachments**

**Name of pupil: Date of Birth:**

***The request for additional funding must be supported by the following paperwork and will not be processed until the information listed below is submitted.***

|  |  |
| --- | --- |
| **These items to be included** | **Please Tick** |
| Appropriately signed request form *– SENCO/Headteacher and parent/carer* |  |
| Pupil Centred Plan /APDR (minimum of 2 cycles) – **Previous/Reviewed** |  |
| Pupil Centred Plan (GSP) – **Proposed - including new long term outcomes** |  |
| Costed Provision Map |  |
| Behaviour Support Plan *– if applicable* |  |
| Early Help Assessment (only for children who have SEMH as their identified area of need) |  |

***If the named pupil is a Child in Care, please attach evidence that the social worker has been consulted with about this submission:***

***Name of Social Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Please complete the summary sheet, attach all necessary reports and supporting evidence and return to the SEN TEAM via encrypted email to:***

**Senrequestsforassessments@shropshire.gov.uk**

***For further information on this process please the*** [***SEN Team***](https://shropshire.gov.uk/the-send-local-offer/education/education-services/the-sen-team/)

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Funding Request - for Office Use** | | | |
| *Amount Agreed* | *Level \**  *£\** | *Start Date* |  |
| *Case Manager* |  | *Review Date* |  |

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**Graduated Support Plan**

***This document is a formal request for additional top-up funding for the child / young person who has special educational needs (SEN).***

***All schools are required to fund the first £6000 to meet identified SEN.***

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Pupil, Parent/Carer and School details** | | | | | | | |
| **School:**  **Name and Address** | |  | **Email:**  **Tel:** |  | | | |
| **Name of child / young person:** | |  | **UPN:** |  | | | |
| **Date of birth:** | | Click here to enter a date. | **Year group:** |  | | **Gender:** | **M / F** |
| **Parent/Carer Names** | | *(Parent 1)* | | *(Parent 2)* | | | |
| **Parent/Carer contact details** | **Address** |  | |  | | | |
| **E-mail:**  **Tel:** |  | |  | | | |
| **Date of request:** | | Click here to enter a date. | | | | | |
| **School admission date:** | | Click here to enter a date. | **Attendance (last 12 months):** | | |  | |
| **Is this child/young person on your SEN register?** | | **Yes**   **No** | **If yes, when identified (Date):**  Click here to enter a date. | | | | |
| **Ethnicity** | |  | | | | | |
| **EAL** | |  | **GRT** | |  | | |
| **Forces Child** | |  | **Post Adoption** | |  | | |
| **Is child LAC?** | |  | **Name of funding authority** | |  | | |
| **Does the pupil receive other additional funding, e.g. pupil premium?** | | **Yes**   **No** | **If yes, attach details to evidence how this is used.** | | | | |
| **Amount £** | | | | |

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| --- |
| **Brief Summary of Special Educational Needs – *Assess Plan Do Review forms to be attached*** |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Application Details** | | | | | | |
| **Estimated additional funding required**  ***(To be supported by Costed Provision Map)*** | £ | | | | | |
| **Estimated duration** | 1 Term |  | 2 Terms |  | 1 Year |  |
| **Review Date:** |  | | | | | |

*I confirm that the above information is correct and that all necessary documents have been attached with the request for assessment paperwork (an electronic signature will be accepted):*

***Name:***

***Role:***

***Contact details:***

***Email:***

***Tel:***

***Signature:***

***Date:*** Click here to enter a date.

***Signature of Headteacher (if different from above):***

***Name in block letters:***

***Date:*** Click here to enter a date.

***Signature of Parent / Carer:***

***Name in block letters:***

***Date:*** Click here to enter a date.