**Request for Top-Up Funding**

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| **Name of Child** |  | **Date of Birth** |  |
| **Current Setting** |  | **NC Year Group** |  |
| **Attendance details** |  |
| **Have you discussed this request with parents?** | YES / NO |
| **Have you shared your school privacy notice with parents?**  | YES / NO |

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| **Brief description of child’s difficulties.** Please attach a High Needs Matrix and any additional reports (Educational Psychology, SALT, etc.) that reflects the difficulties below. |
| **Cognition and Learning:** |
| **Communication:**  |
| **Social, Emotional and Mental Health:** |
| **Sensory and Physical:** |

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| **Using the described difficulties above, what are the child’s met needs (i.e. what are you already doing?)**It is not appropriate to include things that are part of your universal offer – e.g. proportion of SENCO time, class teacher time, visual timetables, differentiated work, homework clubs, etc. |
| **Need** | **Target/success criteria** | **Intervention/support in place** | **Review- what has the impact been?** | **Cost** (NB: TA to be costed at £12.47 per hour plus on costs = £16.34) |
| *e.g. Can only focus for 2 minutes* | *They can maintain attention independently for 5 minutes* | *Teaching assistant to support in core subjects to understand instructions, start tasks, re-direct when distracted and to support when time-out is needed* | *Child is able to work independently for 5 minutes in core lessons* | *12 hours per week/ 38 weeks per year @ £16.34 p/hr = £7451.04* |
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| **Grand total** |  |

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| **Using the described difficulties above, what are the child’s unmet needs (i.e. what are you planning to do?)**It is not appropriate to include things that are part of your universal offer – e.g. proportion of SENCO time, class teacher time, visual timetables, differentiated work, homework clubs, etc. |
| **Need**  | **Target/success criteria** | **Planned intervention/support**  | **Cost**(NB: TA to be costed at £12.47 per hour plus on costs = £16.34) |
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| **Current and previous attainment including dates and details of progress**  |  |
| **Details of any standardised assessments** |  |
| **Details of involvement of external agencies/professionals including dates** |  |
| **Has Top-Up funding been allocated previously?**  | YES / NO |
| **Do you anticipate a request for Statutory Assessment?**  |  |
| **Anything else not covered above or in supporting information** |  |

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| **Name of Applicant** |  |
| **Signature** |  |
| **Role** |  |
| **Contact Telephone Number** |  |
| **Date**  |  |

**PLEASE NOTE THAT IF THIS APPLICATION IS INCOMPLETE FUNDING CANNOT BE CONSIDERED**

The SEN Team use the following checklist to assess if the application is fully completed:

* Description of need
* Evidence of need (supporting information and advice)
* Detailed review of current provision including details of targets
* Detailed planned provision including details of targets
* Do the targets set match the described need
* Costed plan (does it add up / are groups funded correctly)
* High needs matrix included