Request for a change in High Needs Funding - KS1 to Post 16

SEN Assessment Team Swindon Borough Council Wat Tyler House, Beckhampton Street, Swindon, SN1 2GH

***April 2016 to March 2017***

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| **Guidance on making a request** |
| This application should be used to request a change in funding, either an increase or decrease, for a pupil/learner already in receipt of High Needs top up funding (with or without a Statement/EHC Plan). This application should be submitted as an appendix to Annual Review paperwork for a pupil/learner with a statement or EHC Plan or as part of a review of the Early Help Record and Plan for those pupils/learners without a statement or EHC Plan. |

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| Are you seeking an increase/decrease to existing High Needs funding? | Yes |  | No |
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| Have you completed and attached an Annual Review for a pupil/learner with an EHCP (*please note this form will not be accepted without**an Annual Review*)? | Yes |  | No |

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| **1. Pupil Details** |
| Full Name |  |
| Education Placement |  |

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| **2. Special Educational Need** |  |  |
| Use the banding descriptors to judge a ‘best fit’ banding level (from 1 to 6) for all main areas of difficulty (not all difficulties will need to be completed). Please also indicate the type of difficulty. Where more than one main area of difficulty has been completed, please identify which area is the primary need. Please also indicate if any additional needs apply (e.g. medical needs etc.). |
| **Main area of difficulty** |  | **Type of difficulty** |

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| --- | --- | --- | --- | --- | --- | --- |
| Cognition and Learning | Primary Need? | Band | SpLD | MLD | SLD | PMLD |

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| --- | --- | --- | --- | --- |
| Communication and Interaction | Primary Need? | Band | SLCN | ASD |

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| --- | --- | --- | --- | --- | --- | --- |
| Physical and Sensory | Primary Need? | Band | HI | VI | PD | MSI |

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| --- | --- | --- | --- |
| Social, Emotional, Mental Health | Primary Need? | Band | SEMH |

Other (please specify)

Medical Needs

Uses British Sign Language

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| --- | --- | --- |
| Uses Alternative Augmentative communication |  | ***e.g. Signalong, PECS*** |

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| Autistic Spectrum Disorder diagnosis | ***Please attach medical evidence*** |

Requires regular 1 to 1 or 2 to 1 manual handling

Alternative methods of recording

# Proposed Universal Banding (1 to 6)

Please state below the reasons that the pupil/learner falls into this proposed band. Please send in a copy of the Banding Descriptors with your highlighted sections to support the application.

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| **3. Request for additional Funding** |
| Please refer to Guidance Criteria and Progression Guidance for Statutory Assessment and graduated response. Please note evidence of the impact of support put in place can be included within the Early Help Record and Plan.Schools/Academies/Colleges are required to fund the first **£6,000** of additional support (above the Age Weighted Pupil Unit – AWPU or Element 1) from delegated funding.If review of pupil’s/learner’s progress and evaluation of provision made shows that further, additional support is needed***,*** this additional support should be available as part of the settings graduated response to pupils with SEND represented in the Whole School Provision Map, as recommended by DfE April 2012. Through Early Help Record planning and review process the evidence will need to be available to show that the provision made through Elements 1 & 2 school-based funding will have been evaluated, pupil/learner progress monitored and impact demonstrated. There will be evidence that the provision has been adjusted appropriately. The evidence will indicate the additional provision which may be required for these pupils/learners in order to access a broad and balanced curriculum. In these very limited circumstances, schools may apply for high needs top up funding in order to provide the additional support required. |
| **4. View of the child/young person** |

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| Has evidence that this application has been discussed with thepupil/learner been included within the annual review paperwork? | Yes |  | No |

**5. View of the parent/carer**

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| Has evidence that this application has been discussed with the parent/carer been included within the annual review paperwork? | Yes |  | No |

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| **6. Signatures and checklist** |
| By signing this request, you are giving consent for the Consultant Community Paediatrician to provide a report for the assessment, if required. Please note unsigned requests will be returned. |

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| Parents have signed their agreement to this request and made a contribution? | Yes | No |

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| All reports listed are enclosed and are dated and signed? | Yes | No |

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| --- | --- | --- |
| All relevant sections fully completed? | Yes | No |

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| --- | --- | --- | --- |
| Headteacher/ Principal/SENCO | Print: | Sign: | Date: |
| Parent/Carer | Print: | Sign: | Date: |

Please submit this form to:

SEND Assessment Team Swindon Borough Council Wat Tyler House Beckhampton Street Swindon SN1 2GH