# **Request for SEND Intervention Funding (Interim)**

This form is for use for Interim requests of Intervention Funding for children and young people aged 0-25 who are currently undergoing a Needs Assessment process and require funding in place due to delays within the process.

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| --- | --- | --- | --- |
| Name of C/YP |  | School/Setting |  |
| Date of Birth | Click or tap to enter a date | *For Internal use:**Synergy ID* |  |
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| --- |
| Please give a brief summary statement for why you are requesting Intervention Funding and for what time period: |
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| Evidence of a Graduated Approach |
| What current support is being provided? (through the school’s delegated budget?) | How frequently is it being provided and by whom? | What has the outcome been? | What is the financial cost associated with this provision? |
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| Additional Support Requested |
| What additional support is being requested? | How frequently would it be provided and by whom? | What is the anticipated outcome? | What is the financial cost associated with this provision? |
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**Consent**

**Please sign below to indicate that:**

* Your views have been included in this document.
* You consent to a copy of this document being shared with the Local Authority alongside supporting information (as detailed on the front of this document).
* Please note that signed consent is essential to proceed. If the request is for a young person aged 16 or over the young person MUST consent by providing their signature.

…………………………………..…Young Person (16+) ……..……..……………………………Parent/Carer

…………………………………………..….PRINTED ……………………………………………PRINTED

…………………….……..…School/setting representative / Request author…..….…………………………Date

………………………………………………PRINTED