# **Request for SEND Intervention Funding**

This form is for use for all requests for Intervention Funding for children and young people aged 0-25 and, subsequently, there may be sections that are not relevant and can be left blank. Please only include information relevant to the child/young person this request is for and in an age appropriate format.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of C/YP | | |  | | | School/Setting | | |  | |
| Date of Birth | | | Click or tap to enter a date | | | Unique Pupil Number | | |  | |
|  | | |  | | |  |  |  | |  |
| Address | | |  | | | | | | | |
|  | | |  | | |  |  |  | |  |
| Parental Responsibility (Name) | | |  | | | Relationship to Child | | |  | |
|  | | |  | | |  |  |  | |  |
| Telephone Number | | |  | | | | | | | |
|  | | |  | | |  |  |  | |  |
| Email Address | | |  | | | | | | | |
|  | | |  | | |  |  |  | |  |
| Religion | | |  | | | NHS Number | | |  | |
|  | | |  | | |  |  |  | |  |
| First Language | | |  | | | Ethnicity | | |  | |
|  |  |  | |
|  | | |  | |
| My (Parent/ Carer) Name is | | |  | | | Social Care Status | | |  | |
|  | | |  | | |  |  |  | |  |
| I Live With | | | Please Select | | | If Other Please Specify | | |  | |

Please give a brief summary statement for why you are requesting Intervention Funding and for what time period:

|  |
| --- |
|  |

Please identify the child’s/young person’s primary area of need(Highlight)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cognition and Learning | Moderate Learning Difficulties | Specific Learning Difficulties | Severe Learning Difficulties | Profound and Multiple Learning Difficulties |
| Communication and Interaction | Speech and language difficulties | Autistic Spectrum Disorder | Social Communication Difficulties |  |
| Social, Emotional and Mental Health | Social Difficulties (relationships and friendships) | Emotional Difficulties | Other SEMH | ADD/ ADHD |
| Physical and Sensory Needs | Physical difficulties | Visual Impairment | Hearing Impairment | Sensory Needs |

**Views of Child / Young Person**

|  |  |
| --- | --- |
| How would you describe yourself? |  |

|  |  |  |
| --- | --- | --- |
|  | In School/Setting | Out of school/Setting |
| What do you enjoy? |  |  |
| What do you not enjoy? |  |  |
| What are you good at? |  |  |
| What do you find difficult? |  |  |
| What helps you to overcome these difficulties? |  |  |
| What extra help would you like? |  |  |

|  |  |
| --- | --- |
| What are your hopes for the future? |  |
| What steps do you need to take to achieve them? |  |

|  |  |
| --- | --- |
| I completed this activity with: |  |
| They helped me by: |  |

Family Conversation

What do you want for your child / young person in the future?

|  |
| --- |
|  |

What, if any, support would be helpful for your family?

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Current Attainment  e.g ELGs, reading and writing, maths, speech and language , non verbal reasoning, Boxall, Goodmans strengths and weaknesses, Cognitive Abilities Profile (CAP) and Dynamic Assessment. etc | Results of Assessment  These should be quantified where appropriate e.g standardised scores, percentile rank, age equivalent and year group equivalent | Who carried out these assessments and when did they  take place: |
|  |  |  |
|  |  |  |
| Previous Attainment  e.g ELGs, reading and writing, maths, speech and language , non verbal reasoning, Boxall, Goodmans strengths and weaknesses, Cognitive Abilities Profile (CAP) and Dynamic Assessment. etc | **Progress** **Measure** made over time  These should be quantified where appropriate e.g changes in standardised scores, changes in percentile rank and months/years progress | Who carried out these assessments and when did they  take place |
|  |  |  |
|  |  |  |

**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? | | |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

**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? | | |
|  |  |  | | |  |
|  |  |  | | |  |

**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

**Keeping you informed**

If you have any access issues, for example a disability, language or literacy barrier please provide details of any additional support requirements or reasonable adjustments that the LA will need to take into account to support you/your family through this process:

As we progress through the Education, Health & Care Assessment process we feel it is important to keep you informed. To enable us to do so please indicate your preferred method of contact below:

|  |  |
| --- | --- |
| Email |  |
| Post |  |
| Telephone |  |