**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.***

|  |  |
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| **These items to be included** | **Please Tick** |
| Appropriately signed request form |[ ]
| Pupil Centred Plan /APDR (*minimum of 2 cycles, school/setting’s own format will be accepted*) – **must have been reviewed** |[ ]
| Pupil Centred Plan and Review (GSP) outlining proposed targets and provision going forward  | **Blue** section: for new requests |[ ]
|  | **Orange** section – for repeat requests |[ ]
| Costed Provision Map – must clearly outline provision already in place and any proposed provision |[ ]
| One page profile – *school/settings own format will be accepted* |[ ]
| Behaviour Support Plan *– if applicable* |[ ]
| Early Help Assessment *– if applicable* |[ ]
| If the CYP is in receipt of Pupil Premium, clear evidence of how this funding is being used to meet identified needs.  |[ ]
| Evidence of outside agency involvement as part of graduated response – *include any available reports* |[ ]

***Please complete the summary sheet and upload to the GSP folder in the SEND Portal, along with all necessary reports and supporting evidence.***

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

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

**Graduated Support Pathway**

***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** | **Yes**  [ ] **No** [ ]  | **GRT** | **Yes**  [ ] **No** [ ]  |
| **Forces Child** | **Yes**  [ ] **No** [ ]  | **Post Adoption** | **Yes**  [ ] **No** [ ]  |
| **Is child Looked After?** | **Yes**  [ ] **No** [ ]  | **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*** |
| Broad area of need – select **ONE** |
| [ ] SEMH | [ ] Cognition and learning | [ ] Physical and sensory | [ ] Communication and Interaction |
| Primary area of need – select **ONE** |
| [ ] Autism | [ ] SLCN | [ ] SEMH | [ ] Moderate learning Difficulties (MLD) |
| [ ] Severe Learning Difficulties (SLD) | [ ] Specific Learning Difficulties (SpLD) | [ ] Physical disability | [ ] Profound and Multiple Learning Difficulties (PMLD) |
| [ ] Other difficulty or disability | [ ] Hearing impairment (HI) | [ ] Visual impairment (VI) | [ ] Multisensory Impairment (MSI) |
| **Please provide a brief outline of the child or young person’s special education needs. *Assess Plan Do Review* forms should also be attached.**  |

**School/setting Declaration**

*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 for school staff and Social Worker)*

***Name:***

***Role:***

***Email:***

***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.

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

***Name of Social Worker:***

***Email:***

***Signature:***

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

**Parent carer views/declaration**

*Please note – a physical signature must be obtained in order to evidence parent carer agreement for this application for GSP funding to be made – an electronic signature will not be accepted.*

In signing this document I confirm that:

* I understand why school are making a request for GSP funding.
* I understand that Shropshire Council and members of the GSP Panel will discuss the special educational needs of the child named above in order to make a decision about GSP funding.
* I understand that personal details relating to parent carers and the child or young person named above will be processed in order to consider this application. Further details on how your data will be processed can be found here: <https://next.shropshire.gov.uk/privacy/shropshire-council-s-privacy-notice/>
* I will notify the [SEN Team](https://shropshire.gov.uk/the-send-local-offer/education/education-services/the-sen-team/) if any of my contact details above change.

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

***Name in block letters:***

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