

Pre-School/Nursery **REVIEW** of “top up” (Element 3) SEN funding

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| Pupil name: |  | |
| DoB |  | |
| Pre-school / Nursery |  | Date started: |
| Responsible LA |  | |
| EHCP | Yes | No |
| LAC pupil premium | Yes | No |
| I confirm that the review of the current High Needs Funding has been discussed with parents/carer  Name…………………………………………………. Signature………………………………………….  Date……………………………  Position in Pre-school / Nursery…………………………………………………………… | | |

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| Current funding in place |  |
| Start date for current funding |  |
| End date for current funding |  |

1. Pupil pen portrait (please provide a brief description of the pupil’s needs/difficulties)

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1. How has the current funding enabled the pupil to make progress?

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1. Rationale for continued funding

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* **Please attach a copy of the pupil’s EHCP if appropriate.**
* **Please send 1x hard copy of the completed form, provision map and any supporting evidence.**