

**Application for High Needs Funding – (New Cases and Requests for Change of Banding)**

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| **DFE Number:** | **Name of Setting:**  |
| **UPN:**  | **Name of Learner:**  | **Date of Birth:** | **Year Group:** |
| **Does the learner live in Suffolk? Yes** [ ]  **No** [ ]  **Home County:** |
| **SEND Status: SEND Support** [ ]  **EHCP referral made** [ ]  **EHCP assessment in progress** [ ]  **EHCP** [ ]  |
| **Child in Care: No** [ ]  **Yes** [ ]  **Suffolk** [ ]  **Other** [ ]  **Home Authority:**  |
| **Dual Placement: No** [ ]  **Yes** [ ]  **Placement:** **Number of Days in Placement: Start Date: Anticipated End Date:** |
| **HNF Band requested with this submission: C D E F G H****First Submission (new case): Yes** [ ]  **No** [ ]  **Date previously submitted: Band Allocated:** |
| **Attendance (percentage): Current academic year – Last academic year –** |

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| **Identified Category of Need** | **Yes/No** | **If Yes – please indicate the specific area(s) of need and give brief details.****Please use key terms from the banding descriptors and include any key information from reports/assessments.** |
| Communication & Interaction | Yes/No |  |
| Cognition & Learning | Yes/No |  |
| Social Emotional Mental Health | Yes/No |  |
| Sensory/Physical | Yes/No |  |
| Medical | Yes/No |  |

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| **Please indicate the level of the learner’s performance OVER KEY STAGES** |
| **PRIMARY** |
| **YEAR GROUP** | **EYFS** | **KS 1** | **KS 2** | **KS 3** | **KS 4** | **KS 5** |
| **EXAMPLE****4** | Read; Writ; PSED; Comm/Lang – 22-36mNumber – 40-60m | Read; Writ; PSED; Comm/Lang – 30-50mNumber – Year 2 Emerging |  |  |  |  |
| **LEARNER** |  |  |  |  |  |  |
| **SECONDARY/FE** |
| **YEAR GROUP** | **EYFS** | **KS 1** | **KS 2** | **KS 3** | **KS 4** | **KS 5** |
| **EXAMPLE****10** | Read; Writ; PSED; Comm/Lang – 22-36mNumber – 40-60m | Read; Writ; PSED; Comm/Lang – 30-50mNumber – Year 2 Emerging | KS2 SATs – Reading <80; Writing <80; Maths 97 | CATs – V69; NV81; Q95GCSE English Target 2 Achieved 1.5GCSE MathsTarget 4 Achieved 2.5 |  |  |
| **LEARNER** |  |  |  |  |  |  |

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| **Please indicate the CURRENT level of learner’s performance** |
| **PRIMARY** |
| **YEAR GROUP** | **EYFS** | **PRE-KEY STAGE 1** | **KS 1** | **PRE-KEY STAGE 2** | **KS 2** | **KS 3** | **KS 4** | **KS 5** |
| **EXAMPLE****4** | Thrive – Being 25% |  |  | Reading – Standard 2Writing – Standard 1 | Number –Year 3 Expected |  |  |  |
| **LEARNER** |  |  |  |  |  |  |  |  |
| **SECONDARY/FE** |
| **YEAR GROUP** | **EYFS** | **PRE-KEY STAGE 1** | **KS 1** | **PRE-KEY STAGE 2** | **KS 2** | **KS 3** | **KS 4** | **KS 5** |
| **EXAMPLE****10** |  |  |  |  | Reading Age – 8yrs 6mthsSpelling Age – 9yrs 2mths | GCSE EnglishTarget 2 Current 1.7GCSE MathsTarget 4 Current 2.9 |  |  |
| **LEARNER** |  |  |  |  |  |  |  |  |

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| **Other assessments used to identify areas of need (e.g. Reading; Writing; Spelling; Processing; Speech and Lang; SEMH etc.** **Please give standardised scores where appropriate:**  |
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| **Specialist Support and Services Involvement****Agencies involved:** please provide dates, brief details and indicate whether a report is available. |
| **CURRENT** | **PAST** |
| **DATE** | **DETAILS** | **REPORT****YES/NO** | **DATE** | **DETAILS** | **REPORT****YES/NO** |
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| **Timetable of Support** |
| **Time** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
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| **Provision Map (Costed)** |
| **Need**  | **Support/ Intervention** |  **Hours****per week** | **Adult/Pupil****Ratio** | **Cost****per hour (£)** | **Cost** **per week (£)** | **Annual cost:** **39 weeks (£)** |
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| **TOTAL** |  |  |  |  |  |  |

(Revised August 2020)