

**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 (please highlight)**  **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** |
| 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 – 22-36m  Number – 40-60m | Read; Writ; PSED; Comm/Lang – 30-50m  Number – 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 – 22-36m  Number – 40-60m | Read; Writ; PSED; Comm/Lang – 30-50m  Number – Year 2 Emerging | | KS2 SATs – Reading <80; Writing <80; Maths 97 | CATs – V69; NV81; Q95  GCSE English  Target 2 Achieved 1.5  GCSE Maths  Target 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 2  Writing – 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 6mths  Spelling Age – 9yrs 2mths | GCSE English  Target 2 Current 1.7  GCSE Maths  Target 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)