Review and Impact of Additional Support

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| --- | --- |
| Setting Name:  | Review Date:  |
| Name:DOB: Age in Months:Key Worker: | Category of Need:

|  |  |  |  |
| --- | --- | --- | --- |
| Communication and Interaction |  | Cognition and Learning |  |
| Social, Emotional and Mental Health Difficulties |  | Sensory and/or Physical |  |

Start Date of Support:Level:Other Agencies Involved: |
| Missed sessions: | Sessions supported this term: |
| Number of children on role in setting:Number of children in the room: | Number of children receiving additional support in setting: |
| Does the child qualify for EYPP? |
| Current Targets: |
| Stage of Development in Prime areas at Start of Support/Since last Review ……………………………… |
| PSE- MRSC/ SAMFB |  | C & L – L/AUSP |  | PH- MHH/ SC |  |
| Stage of Development in Prime areas as at ………………………………… (if different from above) |
| PSE- MRSC/ SAMFB |  | C & L – L/AUSP |  | PH- MHH/ SC |  |
| Describe progress since start of support/last review: |
| Impact of support: |
| Referrals made: |
| Evidence and breakdown of how Additional Support Funding has been used: |
| Next steps:Recommendations from Setting re: funding: |
| Continue at current level of support |  |
| Increase |  |
| Decrease |  |
| Withdraw funding |  |
| Current involvement with other agencies: |
| Discussion with parents/carers: |
| Any other info/concerns and actions: |
| SENCO Name:  | SENCO Signature:  |
| Parent Name: | Parent Signature: |