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- MR  SC/ SA  MFB |  | C & L – L/A  U  SP | |  | | PH- MH  H/ SC |  |
| Stage of Development in Prime areas as at ………………………………… (if different from above) | | | | | | | |
| PSE- MR  SC/ SA  MFB |  | C & L – L/A  U  SP | |  | | PH- MH  H/ 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: | | |