**Request for a Personal Budget to meet educational outcomes**

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| Request from (name): |  |
| Relationship to child/young person: |  |
| Child/young person’s name: |  |
| Child / young person’s date of birth: |  |
| Child/ young person’s address: |  |
| Does the child/ young person have a: Draft EHC Plan Final EHC Plan *(please circle/delete)* |

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| Why is a Personal Budget being requested? *(please include what the previous provision was/is and why this doesn’t meet the child/young person’s needs, as identified and outlined in the EHC Plan).* What will you use a Personal Budget for? *(please include any support/provision that you would like to use the Personal Budget for that will meet the specific educational outcomes identified in the EHC Plan).*What will this support/provision cost? *(where possible please include detailed costings of the support/provision outlined above, e.g. of equipment, staff time etc).* |
| Have you discussed this with the SEND Team Case Co-ordinator? Yes No *(please delete/circle)*  |
| If the child/young person has a final EHC Plan, has an Annual/Interim Review been held: Yes No *(please delete/circle)* **(If No, a Personal Budget request will be refused until after an Annual/Interim Review has been held).** |
| Signature of person making the request:Name in print:Date: |