





Appendix 2 INCLUSIVE SCHOOL FORUM Form B - AIF Funding Request

Request for additional inclusion funding (AIF) for a child / young person who has special educational needs (SEN).

All schools are required to fund the first £6000 to meet identified SEN.

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Pupil, Parent/Carer and Sch	ool details					
School:			Email:			
Name and Address			Tel:			
			Tel.			
Name of child / young			UPN:			
person:						
Date of birth:	Click here to enter a date.		Year group:		Gender:	M/F
Parent/Carer Names	(Parent 1)		3 22 p	(Parent 2)		
Parent/Carer contact details	Address:					
	Email:					
	Tel:					
Date of request:	Click here to enter a date.					
School admission date:	Click here to enter a date.			Attendance % (last 12 months):		
When was the child first identified as having SEND?	Click here to enter a date.					
identified as flaving SEND!						
Primary Area of SEN:						
Ethnicity						
EAL						
Is child LAC?			Name of fauthority			
Is the child known to Early	Yes		If yes, please provide a brief description or			
Help / Social Care?			attach copy of TAC			
	No 🗆					
Brief description of the						
special educational needs						







Application Details			
What actions have you taken already to meet the needs of the child/young person?			
This should include a brief description of your graduated approach			
External agencies used	Agency	Yes (tick)	Dates
You must provide a copy of any external reports	Learning Support Advisory Team		
	Educational Psychology		
received.	Behaviour Support Advisory Team		
	Speech and Language Therapy		
	Bee U Service		
	Physio or Occupational Therapy		
	Other (Please specify)		
Please provide evidence of how you are using £6000 of your SEND notional funding to meet the child's needs			
Please describe what the school will use the AIF funding for (You must attach a costed provision map to show the additional proposed provision)			
How will impact/progress be monitored and evidenced?			
Are you requesting Outreach support in addition to AIF funding?	Yes □ No □		
Why do you feel Outreach is needed and what do you hope will be the impact?			
Review Date:			







Parent /Carer Views		
Has the school informed you		
about why they are requesting support from the	Yes	
Inclusive School Forum?	No	
Have you received a copy of the information guide for	Yes	
parent/carers about the Inclusive School Forum?	No	
Please provide a description of your child now including		
their strengths and areas of difficulties.		
What do you think is working well at the moment?		
Is there anything else you would like to tell us about your family?		
Child/Young Person's views		
Tell us about you:	l	
What do others like about		
you?		
What do you enjoy doing?		
Which people are important to you?		
How do you like to relax?		
What is the best thing about school?		
Do you find some things difficult?		
What are they?		
What helps you?		
Who helps you?		



Signed:

(Parent/Carer)





Setting declaration					
The contents of this referral have been shared with parents/carers All parts of this form have been completed in full					
This form has been completed by:					
Name:	Job Title:				
Signed (Head Teacher / Owner / Manager / Principal):	Date:				
Signed (SENCo):	Date:				
Parental/carer consent					
Please tick:					
☐ I confirm that my child's educational setting has discussed this request with me and I have been fully informed in the decision to refer my child to the Inclusive School Forum.					
☐ I have received a copy of all the information that the school will submit to the Inclusive School Forum					
Signed: (Parent/Carer)	Date:				

Please return this form electronically to inclusiveschoolforum@telford.gov.uk

Please note there is a <u>requirement</u> to complete a Costed Provision Map <u>and</u> an Inclusive School Provision Plan and submit it with this request.

You will always receive notification of the outcome of your request for AIF funding within 10 working days of attending panel.

Date: