**Additional Banding request Template 2 (Special Schools only)**

**Template 2**

**Request for a change in banding at the point of an annual review**

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| **Name of Young Person:**  |
| **Current School:**  |
| **Request date:****Current banding level:** |
| **New Banding request:**  |
| **Reason for adjustment:** |
| **If an increase is being requested what has been tried to date:** |
| **What provision is currently in place:** |
| **Progress log:** |
| **Evidence of interventions:** |
| **Overview from the SEND Officer:** |
| **Recommendation from the SEND Team Lead:** |

**Approval:**

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| **SEND Team Lead Signature:** **Name:** **Date:**  |