

Appendix 5

INCLUSIVE SCHOOL EVALUATION FORM (ISEF)

Child's Name	Date of Birth	
School/Setting		
SENCo		
Review Date		
Review number		

Progress made towards outcomes

Outcome	Rating progress towards outcomes 1 – fully met 2 – Partially met 3 – Not met	Evidence required: (Progress Data - Assessments, standardised scores, teacher comments, etc.)
1.	1	
	2	
	3	
	(Please circle)	
2.	1	
	2	
	3	
	(Please circle)	
3.	1	
	2	
	3	
	(Please circle)	

(Please add rows, as required, to represent all outcomes specified on the ISPP)

Please summarise progress towards enabling the young person towards greater independence





		1		
Parent / Carer's view				
Parent / Carer's view				
Pupil's views				
- 				
December detical following Evaluation				
Recommendations following Evaluation				
Outcomes have been achieved.	Yes	/ No		
Pupil progress indicates that interventions have been successful. No further				
AIF funding is required.				
Progress has been made towards outcomes,		/ No		
requested. To determine banding level please include a proposed costed				
provision map for the upcoming year.				
Staff member responsible for completing the evaluation form				
Name:	Designation:			



