

**A****ppendix 5**

 **INCLUSIVE SCHOOL EVALUATION FORM (ISEF)**

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| **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. | 123*(Please circle)* |  |
| 2. | 123*(Please circle)* |  |
| 3. | 123*(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** |
|  |
| **Parent / Carer’s view** |
|  |
| **Pupil’s views** |
|  |

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| **Recommendations following Evaluation** |
| Outcomes have been achieved.Pupil progress indicates that interventions have been successful. No further AIF funding is required. | **Yes / No** |
| Progress has been made towards outcomes, but further AIF funding is requested. To determine banding level please include a proposed costed provision map for the upcoming year. | **Yes / No** |

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| **Staff member responsible for completing the evaluation form** |
| Name: | Designation: |