

**A****ppendix 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** | | |
|  | | |
| **Parent / Carer’s view** | | |
|  | | |
| **Pupil’s views** | | |
|  | | |

|  |  |
| --- | --- |
| **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** |

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