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 School details** |
| **School:** **Name and Address** |  | **Email:****Tel:** |  |
| **Name of child / young person:** |  | **UPN:** |  |
| **Date of birth:** | Click here to enter a date. | **Year group:** |  | **Gender:** | **M / F** |
| **Parent/Carer Names** | *(Parent 1)* | *(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. |
| **Primary Area of SEN:** |  |
| **Ethnicity** |  |
| **EAL** |  |
| **Is child LAC?** |  | **Name of funding authority** |  |
| **Is the child known to Early Help / Social Care?** | **Yes**  [ ] **No** [ ]  | **If yes, please provide a brief description or attach copy of TAC** |
|  |
| **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****You must provide a copy of any external reports received.**  |

|  |  |  |
| --- | --- | --- |
| Agency | Yes (tick) | Dates |
| Learning Support Advisory Team | [ ]  |  |
| Educational Psychology | [ ]  |  |
| Behaviour Support Advisory Team | [ ]  |   |
| Speech and Language Therapy  | [ ]  |  |
| Bee U Service | [ ]  |  |
| Physio or Occupational Therapy | [ ]  |  |
| Other (Please specify)  | [ ]  |  |

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| **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 Inclusive School Forum?** | **Yes**  [ ] **No** [ ]  |
| **Have you received a copy of the information guide for parent/carers about the Inclusive School Forum?** | **Yes**  [ ] **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?** | **ere anything else you would like to tell us about your family?** |
| **Child/Young Person’s views** |
| **Tell us about you:****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?** | **l** |
| **Setting declaration** |
| • The contents of this referral have been shared with parents/carers  • All parts of this form have been completed in fullThis 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: Date:(Parent/Carer)****Signed: Date:(Parent/Carer)** |

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

**Please note there is a requirement to complete a Costed Provision Map and 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.**