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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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) |  |  | | | | | | | |
| **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 full  This 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](mailto: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.**