 **INCLUSION FUND REVIEW**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s name: | | | | | Date of birth: | | | | Setting: | | |
| Inclusion fund level awarded | | | Period of award: | | | From: | | | | To: | |
|  | | | Review form to be sent back to panel before: 13th October 2017 | | | | | | | | |
| AREA OF NEED | | | Goals | | | Actions | | | | REVIEW | |
|  | | |  | | |  | | | |  | |
|  | | |  | | |  | | | |  | |
|  | | |  | | |  | | | |  | |
| Key Person Comments: |  | | | | | | | | | | Signed |
| Parent Comments: |  | | | | | | | | | | Signed |
| SENCo Comments: |  | | | | | | | | | | Signed |
| **FUTURE PLANNING** | | | | | | | | | | | |
| **Where will the child attend next term?** | |  | | **How will they be supported next term?** | | |  | The child no longer requires additional support | | | |
|  | We are re-applying to panel for a further funding (not applicable in Reception Class) | | | |
|  | Will be supported through SEN support provided by the school/setting | | | |
|  | Will be referred for EHC Needs Assessment | | | |
|  | Has an Education, Health and Care Plan | | | |