 **INCLUSION FUND REVIEW**

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| --- | --- | --- |
| 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  |