Review and Impact of Additional Support

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| **Setting Name:** | **Review Date:** | |
| **Child’s Name:** | **DOB: Age in Months:** | |
| **Start date of support:** | **Level of support: level** | |
| **Agencies involved:** | **Does the child qualify for EYPP?** | |
| **Sessions attended this term:** | **Sessions missed this term:** | |
| **Category of need:**   |  |  |  |  | | --- | --- | --- | --- | | Communication and Interaction |  | Cognition and Learning |  | | Social, Emotional and Mental Health Difficulties |  | Sensory and/or Physical |  | | | |
| **Evidence and breakdown of how Additional Support Funding has been used:** | | |
| **Describe the progress/impact on the child since the start of support/last review:** | | |
| **Any new referrals made this term? Any other info/concerns and actions:** | | |
| **Discussion with parents/carers:** | | |
| **Next Steps:**   |  |  | | --- | --- | | **Continue at current level of support** |  | | **Increase** |  | | **Decrease** |  | | **Withdraw funding** |  | | | |
| **SENCO Name:** | | **SENCO Signature:** |
| **Parent Name:** | | **Parent Signature:** |