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 |  |

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| **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** |  |

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| **SENCO Name:**  | **SENCO Signature:**  |
| **Parent Name:** | **Parent Signature:** |