**Commissioning Information – School Section**

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| **School/Setting** |  |
| **Lead name** |  | **Position/Role** |  |
| **Email** |  | **Contact Number** |  |
|  |
| **Details of Provider quotation requested from**  |
| **Provider/Business Name:** |  | **Address:** |  |
| **Email:** |  | **Telephone Number:** |  |
| **Registered provider (OFSTED/ESFA)**  |  | **Unregistered provider** |  |
|  |
| **Child’s name** |  |
| **School Year** |  |
| **Year of birth** |  |

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| **Quotation Requested:**Please ensure you are clear which sections of the EHC Plan you are able to meet in school, and which sections the commissioned service will provide. |

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| **Provision as identified in Section F delivered in school** | **Frequency and timings of activity** |
| *Use visual clues in learning activities to support understanding.*  | *In all lessons = 3 hours per day* |
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| **Provision as identified in Section F delivered through commissioning**  | **Frequency and timings of activity** |
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| **Outcomes taken from the EHCP that the school will aim to achieve.** |
| 1)  | 4)  |
| 2) | 5)  |
| 3)  |  |
| **Outcomes taken from the EHCP that the proposed commissioning package will seek to achieve.** |
| 1)  | 4)  |
| 2) | 5)  |
| 3)  |  |
| **What are your plans if the child does not make progress?** |
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| **When we would like support to commence** |  |
| **Duration of commissioning- and end date** |  |
| **Commissioning Quotation – Provider Section**

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| --- | --- |
| **Child’s initials** |  |
| **School Year** |  |
| **Year of birth** |  |

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| **Please use section below to detail how you are able to meet the needs of the commissioning.**  |
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| **Provision as identified in Section F** | **Frequency and timings of activity** | **Proposed costs per term (13 weeks)** | **Proposed cost for academic year (39 weeks)** |
| *Use visual clues in learning activities to support understanding.*  | *In all lessons = 3 hours per day* | *3 hours per day @£40 per hour = £120 x 5 days = £600 per week x 13 weeks = £7800* | *39 weeks @£600 = £23,400* |
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|  |  | **Total cost per Term:** | **Total Cost per Year:** |

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| **Weekly Timetable:**  |
| Date/Time  | Monday  | Tuesday  | Wednesday  | Thursday  | Friday  |
| 9am-10am |  |  |  |  |  |
| 10am-11am |  |  |  |  |  |
| 11am-12pm  |  |  |  |  |  |
| 12pm-1pm |  |  |  |  |  |
| 1pm-2pm |  |  |  |  |  |
| 2pm-3pm |  |  |  |  |  |
| 3pm-4pm  |  |  |  |  |  |

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| **Are you able to provide weekly reports on attendance** | **Yes** |  | **No** |  |
| **SMART goals/outcomes***(Please provide details of baseline from which success/progress will be measured.)* |  |
| **Staffing** *Please provide details of staff qualifications and experience* |  |
| **When will package of support be reviewed?** | **2 weeks/ 4 weeks/ 6 weeks/ 8 weeks**  |
| **Any additional costs:** |  |
| **Total cost**  |  |
|  |
|  |
| **Name of person completing form** |  | **Position**  |  |
| **Signature**  |  | **Date** |  |

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| Please return quotation to: School contact  |