**Commissioning Information – School Section**

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| **School/Setting** |  | | | |
| **Lead name** | |  | **Position/Role** |  |
| **Email** | |  | **Contact Number** |  |
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| **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**   |  |  | | --- | --- | | **Child’s initials** |  | | **School Year** |  | | **Year of birth** |  | | | | | | | | | | |
| **Please use section below to detail how you are able to meet the needs of the commissioning.** | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **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* | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | **Total cost per Term:** | **Total Cost per Year:** | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Weekly Timetable:** | | | | | | | Date/Time | Monday | Tuesday | Wednesday | Thursday | Friday | | 9am-10am |  |  |  |  |  | | 10am-11am |  |  |  |  |  | | 11am-12pm |  |  |  |  |  | | 12pm-1pm |  |  |  |  |  | | 1pm-2pm |  |  |  |  |  | | 2pm-3pm |  |  |  |  |  | | 3pm-4pm |  |  |  |  |  | | | | | | | | | | |
| **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** | | | |  | | | | | |
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| **Name of person completing form** |  | | | | **Position** | | |  | |
| **Signature** |  | | | | **Date** | | |  | |

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| Please return quotation to: School contact |