**EOTAS Quotation Request**

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| Sections in blue to be populated by provider. All sections must be provided. | Sections in Grey to be populated by HCC |

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| **Request for Quotation – please return by (5 working days):** | | |  | | | | | |
| **Section A to be completed by HCC** | | | | | | | | |
| **Requesters details** | | | | | | | | |
| **SEND Team** |  | **Virtual School** | |  | **Connexions** |  | **Children’s Disability Team** |  |
| **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** | |  | |
|  | | | | | | | | |
| **Childs initials** | |  | | | **Year of birth** | |  | |
| **School Year** | |  | | | **Current or last school** | |  | |
| **SEN Support** | |  | | | **EHC Plan** | | **Yes** | **No** |
| **Area of need:** | | **Summary of needs and diagnosis:**  **Specific needs**  **Communication & Interaction:**  **Cognition & Learning:**  **Social, emotional and mental health:**  **Sensory & Physical:**  **Independence:** | | | | | | |

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| **Quotation Requested:**  Please ensure you are clear which sections of the EHC Plan you are able to meet, and which sections you are not able to meet.  *case worker/officer to provide clear details of what LA wishes to commission. Please include no. of weeks support required for; when support is needed; outcomes to be achieved. If the CYP has an EHC plan, ensure commissioning request aligns with EHC plan details as well as need for attendance update, monthly progress reports and contribution to meetings etc.* |

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| **Provision as identified in Section F** | **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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| **Outcomes taken from the EHCP that the proposed EOTAS package will seek to achieve.** | |
| 1) | 4) |
| 2) | 5) |
| 3) |  |

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| **When we would like support to commence** | |  | | | | | | |
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| **THIS SECTION TO BE COMPLETED BY THE PROVIDER** | | | | | | | | |
| **Please use section below to detail if you feel able to meet the needs of the quotation. Please include details of staffing numbers** | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **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:** *please provide details of when intervention may be able to commence should a decision be reached to proceed with interventions following receipt of full costs.*  Note: The Local Authority is aware we are commissioning a bespoke package. Therefore, it is understandable that the progress reports may not align with the timetable. Please note the timetable should indicate a clear start/end point to ensure progress is being promoted. It should also explain clearly what the child/YP is working on during this session. | | | | | | | 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* | | |  | | | | | |
| **Any additional costs:** | | |  | | | | | |
| **Total cost** | | |  | | | | | |
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| **Name of person completing form** |  | | | **Position** | | |  | |
| **Signature** |  | | | **Date** | | |  | |
| **HCC Use only:** | | | | | | | | |
| **Name:** |  | | | **Designation:** | | |  | |
| **Signature:** |  | | | **Date quotation received** | | |  | |
| **Comments:** | | | | | | | | |

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| Please return quotation to: |