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| --- | --- |
| Name of Provider |  |
| In relation to application number |  |
| **Child’s Details** |
| Legal Surname |  |
| Legal Forename |  |
| Preferred Name |  |
| Date of Birth |  |
|  |
| Please note any changes to original application which may impact on the child’s progress. E.g., Change of sessions, key person, change of need, family circumstances, reduced attendance, increased hospital appointments etc. |
|  |
| **Revision of action plan** |
| Communication and Interaction/ Language development programme |  |
| Early intervention of social emotional & behavior needs (PHE) |  |
| Physio / OT programme accessibility to play equipment and the learning environment. |  |
| Sensory differences |  |
| General development |  |
| Literacy |  |
| Numeracy |  |
| Self-help / independence |  |
| Developing expressive arts / creativity |  |
| Developing play |  |
| Understanding of the world |  |
| Readiness for school (Transition processes)  |  |
| **Please describe how the Inclusion Funding has improved outcomes for the child, which were identified in the original request. Please attach monitoring documentation / tracking information** |
| Outcome(what should the child be ableto do at the end of the period of funding as started on the request) | Strategies usedWhat strategies were used **over and above** to support the child in meeting their outcome | ProgressWhat progress has the child made towards the outcome and the impact this has had on their learning and development  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Please provide an overview of the child’s development in the three prime areas, during the period of inclusion funding.  | Start of Inclusion Funding | At review submission point |
| PSE | MR |  | PSE | MR |  |
| SC |  | SC |  |
| MFB |  | MFB |  |
| C&L | U |  | C&L | U |  |
| L&A |  | L&A |  |
| S |  | S |  |
| PD | MH |  | PD | MH |  |
| HSC |  | HSC |  |
| What difference has the inclusion funding made to the child/setting? |
|  |
| Include Parent/Carers views of progress made due to use of inclusion funding |
|  |
| Parent’s/carers name: |  | Parent’s/carers signature: |  | Date: |  |
| Will a further application be made for Inclusion funding for this child in your provision?  | Yes | No |
| I, the Provider, confirm:* The Inclusion Funding claimed has been used to ensure inclusive practice for the above-mentioned child.
* A completed action plan is attached confirming how the deprivation element of the Early Education Funding (if appropriate) and Inclusion funding was used.
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| Name of person completing form |  |
| Designation |  |
| Signature |  |
| Date |  |
| Please upload the completed form via the provider portal  |