South Tyneside

Top-Up Funding Application

This application form is for schools/settings in South Tyneside to request Top-Up Funding, prior to making an application, please ensure you have read the Top-Up Funding guidance.

**N.B settings are encouraged to explore all support available to them, including early help, Educational Psychology Service, EPS specialist teachers, Inclusion Service, Speech & Language Therapy, Occupational Therapy and any other relevant external professionals to obtain advice and support prior to an application and submit evidence of involvement alongside this application.**

## Disclaimer

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|[ ]  I confirm that the child the application refers to is resident in South Tyneside and is attending a school/setting within this location |
|[ ]  I confirm that the school/setting has used its Notional SEN Budget to support the pupil and can demonstrate its use (not applicable to nursery settings) |
|[ ]  I confirm that if successful, Top-Up Funding will not be used to support privately funded hours within nursery |
|[ ]  This application has been discussed and shared with parents/carers and the schools privacy policy has been shared with them |

## Application

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| Pupil’s Name |  | School/Setting |  |
| DOB |  | Year Group |  |
| Gender/ Identify As |  | Actual Year Group if Different |  |
| Pupils AddressPost Code |  |
| Staff Ratios (in Class) |  | Staff Ratios (in Year Group) |  |
| Attendance (if below 95%, please provide a brief description of circumstances) |  |
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| If the pupil been excluded within the last academic year, please outline details below |
| Type | Date | Duration | Reason |
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| **Risk Assessment** – Is the child a current risk to themselves, peers, adults, property or other risk? |
| *Please provide an outline of needs in this area and a copy of their current risk assessment, positive handling plan, etc.* |
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| **Medical Needs** – Does the child currently have medical needs for which they require care in school? |
| *If yes, please provide an outline of their medical needs, how the needs are managed and a copy of their current medical care plan, incident logs, etc.* |
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| **Multi Agency Involvement** - *is the child involved with any agencies outside of the school?* |
| *Please provide a brief synopsis of the support currently being offered and by whom along with copies of any recent relevant letters/information e.g. Early Help minutes, medical letters. Provide information about how any recommendations are implemented* |
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| Provide details of agency involvement *SEND Officer, Educational Psychology, SALT, OT etc* |
| Agency | Name | Contact Number/Email |
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## Special Educational Needs Ranges

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| --- | --- | --- |
| Area of Need | Current | Previous Academic Year  |
| Communication & Interaction |  |  |
| Cognition & Learning |  |  |
| Social, Emotional & Mental Health |  |  |
| Medical, Sensory and/or Physical |  |  |

## Nursery/Foundation Stage

*Referring to the SEND Ranges 0-25 document in alignment with the Nursery/Foundation Stage assessment, provide a narrative of progress within the areas below and indicate whether the child’s learning is broadly typical in this area. Detail the special educational needs they have within each area as well as identified areas of strength.*

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| Cognition & Learning | **Literacy** (Comprehension, Word Reading & Writing) |
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| **Mathematics** (Numbers & Numerical Patterns) |
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| **Understanding the World** (Past and Present, People, Cultures and Communities & The Natural World) |
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| **Expressive Art and Design** (Creating with Materials & Being Imaginative and Expressive) |
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| Communication & Interaction | **Communication and Language** (Listening, Attention and Understanding & Speaking) |
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| Physical and/or Sensory | **Physical Development** (Gross Motor Skills & Fine Motor Skills) |
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| Social Emotional Mental Health | **Personal, Social and Emotional Development** (Self-Regulation, Manging Self, Building Relationships) |
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### Description of child’s Special Educational Needs

*Referring to the SEND Ranges 0-25 document, please provide information about the young person’s difficulties including details of when their SEN were identified and any changes over time.*

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| **Communication & Interaction:** *Does the child have any diagnoses or are they on any pathway(s)? How do they present in school? If there are periods of dysregulation how frequent are they and how long do they last? Provide details of any sensory difficulties relating to Autism here.* |
|  |
| **Cognition & Learning:** *Where are they working in relation to ARE? What progress has been made over time?* |
|  |
| **Social, Emotional Mental Health:** *Does the child have any diagnoses or are they on any pathway(s)? How do they present in school? If there are periods of dysregulation how frequent are they and how long do they last?* |
|  |
| **Medical, Sensory and/or Physical:** *Does the child have any diagnoses or are they on any pathway(s)? How do they present in school? Please note, this area of need relates to HI, VI, MSI and Physical Disability (including DCD), but not sensory difficulties relating to Autism.* |
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| Provide an outline of the provision that is currently in place to meet the child’s needs*Please ensure that the number corresponds to same number within Individual Provision Map* |
| No | **Intervention / Support in Place***Include information about specific resources, how they have been implemented etc* | **Need***What need is being address through the provision being provided*  | **Target / Success Criteria***How will you know these are being successful, what process of assessment is being used* | **Impact***How has this provision supported the child making progress towards their outcomes* |
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| Proposed provision to be put in place with Top-Up Funding*N.B. Top-Up Funding is not provided based on support hours. We encourage you to be creative and flexible in the use of funds when outlining your proposed use of funding.*  |
| **Need to be addressed/supported** | **Intervention / support to be put in place** | **Predicted outcome / impact****Ensure these are SMART** | **How will support be gradually reduced to develop independence in learning** | **Cost** |
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## Educational Attainment:

Please explain the attainment in relation to the child’s age-related expectations within the Cognition & Learning element of Section 7. About the Child/Young Person’s Special Educational Needs, The Four Broad Areas of Need

### Key Stage 1

*Please give a clear indication as to where the child/young person is working in relation to age related expectations.*

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| --- | --- | --- | --- |
|  | **Writing** | **Reading** | **Maths** |
| Last Year |  |  |  |
| This Year |  |  |  |
| Next Year Target |  |  |  |
| Year 1 Phonic Check | [ ]  *Please check box if pass* |

### Key Stage 2

|  |  |  |  |
| --- | --- | --- | --- |
| **English**  | **Writing** | **Reading** | **Spelling, Punctuation & Grammar** |
| Last Year |  |  |  |
| This Year |  |  |  |
| Next Year Target |  |  |  |

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| --- | --- | --- |
| **MATHS** | **Arithmetic** | **Mathematical Reasoning** |
| Last Year |  |  |
| This Year |  |  |
| Next Year Target |  |  |

## Key Stage 3 & 4

*Please give details of the exams that are expected to be taken as well as those already completed at Key Stage 3 & 4*

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| **Subject** | **Level / Type of Qualification***(Key Stage 4 Only)* | **Specific Target Grade***(For example, 1-9 for GCSE)* | **Previous Years attainment** | **Current Attainment** |
| **English** |  |  |  |  |
| **Maths** |  |  |  |  |
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| **Application Submitted by:**  |  |
| **Parent/Carer Signature:** |  |
| **Date:** |  |

## Quality Assurance

Prior to application being submitted to panel, the application will be quality assured, to check that all information necessary is available to make a decision. **Where an application is incomplete or does not provide enough information to make an informed decision it will not be considered.**

**Checklist**

* Description of need
* Evidence of need (supporting information and advice)
* Detailed review of current provision including details of targets
* Detailed planned provision including details of targets/outcomes
* SEND Ranges
* Signed by Parent/Carer
* Individual Provision Map

Please provide a list of additional supporting information and evidence provided at the time of submission.

Examples of documentation that is expected are:

* Educational Psychology Report
* Minutes of Early Help Meetings
* Reports from health services, i.e., CYPS/Lifecycle, SALT etc.
* Inclusion Service or Portage & Preschool Reports

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| Document Reference | Title |
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