

### School / Setting Contact Details

Contact name	
Professional role title	
School / Setting	
Email address	
Application reference	

### Child / Young Person's Information

Pupil ID number	
First name	
Surname	
Gender	
Date of birth	
National curriculum year	
Primary SEND	
Additional SEND	

### Funding Details

Funding start date	
Funding duration	
Band	

### Impact

#### Outcomes from Element 2 Funded Support and Interventions.

These are the details of support and interventions that were in place for the Child or Young Person when the additional funding was agreed.

These included all Element 2 funded support and interventions and were costed with the total exceeding £6,000.

## Appendix 17 Element - 3 Accountability End of Funding Review

Please indicate if the outcomes were met:

Outcome	Support / Intervention	Impact	
		Outcome Met?	Evidence
		<input type="radio"/> Yes <input type="radio"/> No	

### Outcomes from Element 3 Funded Support

The support / Interventions that were funded through the last application are shown below.

Please indicate if the outcomes were met:

Outcome	Support / Intervention	Impact	
		Outcome Met?	Evidence
		<input type="radio"/> Yes <input type="radio"/> No	

Was it necessary to adjust the funded support / interventions during the funding period?

Yes  No

Please give details:

### Wider Impact

Please provide information on the child or young person's development after additional funding:

<b>Communication &amp; Interaction</b>	
<b>Cognition and Learning</b>	
<b>Social, Emotional &amp; Mental Health</b>	
<b>Sensory/Physical/Medical</b>	

## Appendix 17 Element - 3 Accountability End of Funding Review

What wider impact has this funding had on the Child or Young Person? E.g., attendance, wellbeing, Preparing for Adulthood, other unexpected progress etc.

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### CYP and Parent/Carer Views

Please summarise the CYP and Parent Carer views on the impact of the additional support and interventions received due to the funding:

<b>Child / Young Person</b>	
<b>Parent Carer</b>	

### Future Additional Funding

<b>Do you anticipate this child or young person will need further additional funding to meet their needs?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
<b>Will you be making a further application for additional top-up funding?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
<b>Will you be making a request for statutory assessment for this child or young person?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure

### Review Outcome

Satisfactory     Concern     Action Required

Please detail concerns and or further action (what, when, where, whom and any further follow up):

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