



Appendix 16 – Quality Assurance Appraisal Report

Appraiser Details

Name of appraiser	
Title	
Department	
Email	
Date	

School / Setting Contact Details

Contact name	
Professional role title	
School / Setting	
Telephone number	
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	

Reason for Funding - Summary

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Funding Details

Funding start date	
Funding duration	
Band	

Progress

Element 2 Funded Support and Interventions

Please indicate any progress towards the outcomes observed

Outcome	Support / Intervention	Progress	
		Outcome Met?	Details

Element 3 Funded Support

The support / Interventions that are being funded are shown below.

Please indicate any progress towards the outcomes observed

Outcome	Support / Intervention	Progress	
		Outcome Met?	Details



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Observations

Please record your visit notes and any observations below:

Best Practice Observed

Please summarise any best practice observed



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Pupil Voice

Please record any pupil voice gathered below

School / Setting Voice

Please record any School / Setting Voice gathered below



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Risk Assessment

Are the outcomes for Element 3 funding likely to be met?

Green

Amber

Red

Details

Appraisal Outcome

Satisfactory

Concern

Action Required

Actions / Concerns