

Request for Top Up Funding

This is for new TUF requests or for continuation of TUF where there has been an increase to the amount previously agreed

Please complete and submit electronically to sencasework@durham.gov.uk

Personal Details (all fields MUST be completed)

Name of child/young person:	
Date of birth:	
Address of child/young person:	
Is this a protected address?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the child/young person looked after?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the child/young person adopted or subject to SGO or CAO?	
Name of parent/carer:	
Address if different to above:	
Parent/carer telephone number:	
Parent/carer email address (preferable):	
Current school setting:	

Signed (referrer):		Date:	
Signed parent/carer:		Date:	

The following essential evidence MUST be included with this request:

Professional reports (within the last 3 years) that underpin current SEN and provision	<input type="checkbox"/>
The previous 2 reviewed SEN Support Plans and the current SEN Support Plan demonstrating all relevant and purposeful provision.	<input type="checkbox"/>
An up to date Costed Provision Map and Support Timetable.	<input type="checkbox"/>

Things the child or young person is good at, interested in or enjoys: ('My Story' could be attached in lieu)

Child/young person's views:

Parent/carer views:

Things that the child/young person does not like or finds more difficult: ('My Story' could be attached in lieu)

Child/young person's views:

Parent/carer views:

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Why is school seeking TU funding?

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Details of Top Up funding the school is currently receiving for this pupil (dates from and to, and gross amount).

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Provide details of the impact of any previous Top Up Funding.

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Attendance over last 3 years:	Current:	20..	20..
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Details of fixed term, permanent exclusions or part time timetables or alternative provision over the last 3 years

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Academic Attainment: Please provide termly attainment:

Delete if appropriate	Autumn, Spring, Summer 20--	Autumn, Spring, Summer 20--	Autumn, Spring, Summer 20--
Reading (KS 1 – 2)			
Writing (KS 1 – 2)			
English (KS 3 – 5)			
Maths (All KS)			

Please indicate support service/agency involvement with current or historic involvement: (Please attach any reports received within the last year)

Educational Psychology	<input type="checkbox"/>	Paediatric Health	<input type="checkbox"/>
LA Autistic Spectrum Team	<input type="checkbox"/>	CCG Speech & Language	<input type="checkbox"/>
LA Cognition & Learning Team	<input type="checkbox"/>	CCG Occupational Therapy	<input type="checkbox"/>
LA Speech & Language Team	<input type="checkbox"/>	Health Visitor/School Nurse	<input type="checkbox"/>
LA Assistive Technology Team	<input type="checkbox"/>	Early Help (One Point)	<input type="checkbox"/>
LA EWEL Team	<input type="checkbox"/>	Social Care or YOS	<input type="checkbox"/>
LA Counselling Team	<input type="checkbox"/>	LA Virtual School for CLA	<input type="checkbox"/>
LA Hearing Impairment Team	<input type="checkbox"/>	LA Visual Impairment Team	<input type="checkbox"/>
CAMHs	<input type="checkbox"/>		

Does the child/young person have any plans in place to support their needs?

Individual Health Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	Intimate Care Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
Care Plan/PEP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Personal Evacuation Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
Risk Management Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	Positive Handling	Yes <input type="checkbox"/> No <input type="checkbox"/>
Behaviour Management Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sensory Diet	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (please specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Moving and Handling	Yes <input type="checkbox"/> No <input type="checkbox"/>

Transition liaison

***Only to be completed for a pre-emptive top up funding request for pupils moving to Year 7.**

The receiving school SENCO was part of Summer term review at current school setting.

SENCOs at both settings have met (when/actions).

Receiving school SENCO has had meetings with parents (when/actions).

Child has taken part in extra transition sessions (what did this entail).

Background information

Please provide a chronology detailing any relevant and purposeful action:

- *Tell us what you know about the child/young person (relevant family and school history)*
- *Tell us what you have done to support the child/young person.*
- *Tell us what advice you have received and how this has been implemented. (Attach reports & recommendations)*

- *Tell us about the impact of your actions/interventions.*

Special Educational Needs and Provision

Overview of Need: e.g. Has a diagnosis of Autism - briefly explain what this means for the child/YP in relation to their education. Please provide an explanation of your school's assessment levels and explain how attainment levels relate to ARE.

Specific details of special educational needs, skills and development

Cognition & Learning

Strengths:

-
-
-

Special Educational Needs:

-
-
-

Summary of what works well & progress:

- 1.
- 2.
- 3.

Communication & Interaction

Strengths:

-
-

<ul style="list-style-type: none"> •
<p>Special Educational Needs:</p> <ul style="list-style-type: none"> • • •
<p>Summary of what works well & progress:</p> <ol style="list-style-type: none"> 1. 2. 3.

Social, Emotional & Mental Health Needs
<p>Strengths:</p> <ul style="list-style-type: none"> • • •
<p>Special Educational Needs:</p> <ul style="list-style-type: none"> • • •
<p>Summary of what works well & progress:</p> <ol style="list-style-type: none"> 1. 2. 3.

Physical & Sensory
<p>Strengths:</p> <ul style="list-style-type: none"> • • •
<p>Special Educational Needs:</p> <ul style="list-style-type: none"> • • •
<p>Summary of what works well & progress:</p> <ol style="list-style-type: none"> 1. 2. 3.

Any other factors to consider:

