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**SEN Inclusion Fund – Review Document & Provision Map/s**

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| **General Information** |
| **Child’s name** |  | **Child’s date of birth** |  |
| **Level of attendance** | [ ]  Full (No absences) | [ ]  Regular  | [ ]  Infrequent  |

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| **Autum Term 2024**  |
| **Top up fund / lump sum payment for this period** |  |

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| **To build capacity within the setting with additional staffing to support specific interventions / strategies for the child with SEND** |
| **Intervention / Strategy** | **Targeted Plan and/or other professional advice/reports** | **Staffing (initials) / Child ratio** | **Frequency (= hours per week)** | **Duration (total number of weeks)** | **Total Cost** (hrs per week x number of weeks x hourly pay rate) |
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| **Specialist or one-off training to upskill whole team or staff member(s) linked to individual child’s needs.** |
| **Name of Training & Provider** | **Cost of training** | **Supply / cover costs if applicable** | **Total Cost** |
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| **Purchase of resources / equipment to support specific interventions / strategies (receipts should be kept and available on request)** |
| **Description of resource / equipment** | **Where resource was purchased** | **Total Cost** |
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| **Overall Total** (*should equate to top up fund / lump sum payment above*) |  |

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| **Spring Term 2025**  |
| **Top up fund / lump sum payment for this period** |  |

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| **To build capacity within the setting with additional staffing to support specific interventions / strategies for the child with SEND** |
| **Intervention / Strategy** | **Targeted Plan and/or other professional advice/reports** | **Staffing (initials) / Child ratio** | **Frequency (= hours per week)** | **Duration (total number of weeks)** | **Total Cost** (hrs per week x number of weeks x hourly pay rate) |
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| **Overall Total** (*should equate to top up fund / lump sum payment above*) |  |

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| **Summer Term 2025**  |
| **Top up fund / lump sum payment for this period** |  |

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| **To build capacity within the setting with additional staffing to support specific interventions / strategies for the child with SEND** |
| **Intervention / Strategy** | **Targeted Plan and/or other professional advice/reports** | **Staffing (initials) / Child ratio** | **Frequency (= hours per week)** | **Duration (total number of weeks)** | **Total Cost** (hrs per week x number of weeks x hourly pay rate) |
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| **Overall Total** (*should equate to top up fund / lump sum payment above*) |  |
| **Impact of SEN Inclusion Fund** |
| Over the time that funding has been provided, has the child made progress in relation to:Birth to 5 Matters [ ]  Yes [ ]  NoTargeted Plans [ ]  Yes [ ]  No | If you ticked ‘No’, please provide further information on possible reasons where progress has been less than expected: |

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| **Early Years Provider Declaration** |
| I confirm that the information provided in the SEN Inclusion Fund Review Document & Provision Map/s is accurate.I confirm that information has been shared with the Parent/Carer on how the SEN Inclusion Fund has been used. Also, that they are aware that this information will be held by Hounslow and may be used by the Council and other partner organisations.I confirm that the Parent/Carer is aware their personal data and that of their child will be processed in accordance with UK data protection legislation on the basis of public duty to comply with legislation such as the Children and Families Act 2014. They have also been made aware of the full Children's Social Care, Education and Early Intervention Privacy Notice available at [www.hounslow.gov.uk](http://www.hounslow.gov.uk). |
| Name of professional who has completed SEN IF Review & Provision Map/s return |  |
| Designated role |  |
| Date |  |

**Returning by email:**

To ensure compliancy with General Data Protection Regulations (GDPR), please ensure the SEN Inclusion Fund Review Document and Provision Map(s) are sent securely to seninclusionfunding@hounslow.gov.uk.

**Returning by post:**

Please allow 7 working days for the SEN Inclusion Fund Review Document & Provision Map/s to be received and ensure that you have covered full postage costs.

**Send to:**

Early Years SEN Team

SEN Inclusion Fund (Review)

4th Floor – Hounslow House

7 Bath Road Hounslow

 TW3 3EB