**SEN Advice and Support Allocation Panel (SEN ASAP)**

**Request for Involvement/Applications for Individual Pupil Support Funding or Early Years Inclusion Fund**

* **Please read the information provided in the Appendices before completing this form.**
* **All contact details can be found at the end of the document.**

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| **What are you requesting?** | **Yes/No** |
| Involvement of SEN Specialist Staff for Advice and Support only (complete Section 1 of Form) | **N** |
| Individual Pupil Support Funding - schools (complete Sections 1 and 2) | **Y** |
| Early Years Inclusion Funding (complete Sections 1 and 3) |  |

**Section 1 – All Requests for Involvement, IPS Funding and EY Inclusion Fund Applications**

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| **Name of pupil/student: A Non** | | **DoB** |  | **Yr Gp** | **1** |
| **Address:** | | | | | |
| **Parent/carer Contact details:** | | | | | |
| **School/setting:** | | | | | |
| **Name and designation of person making request:** | | | | | |
| **Date of request:** | **Contact number/email:** | | | | |

**Area of CoP considered to be primary area of need: *(highlight/indicate below)***

Communication and Interaction (0 -18y) SEMH (0 – 18y)

Cognition and Learning (0 – 18y) Physical/Sensory (0 – 4y)

**If there is a secondary area of need, please specify**: Cog L

**Is this request for a Looked After Child? (*Please specify which LA if not Newcastle*)** Y/N

**If there is an Early Help Plan, please provide name of Lead Professional:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the pupil have English as an Additional Language?** No

**Does the pupil receive Pupil Premium?** Yes

**Current attendance (this academic year) \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attendance for previous academic year \_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Brief description of concerns and needs of child/young person:** |
| Difficulty with attention and following rules. High level of motor activity – running around, tapping, flitting between activities. Can dominate other children, regularly hits them and does not accept that they are not doing anything wrong. Shouts at adults. Struggles to make friendships and join in socially at playtime. Prefers to be alone. Hyper-vigilant and complains about other children a lot. Demanding of teacher attention. Impulsive behaviour. Monotone speech, difficulty picking up conversational clues. Appears unable to distinguish between positive and negative behaviour. Impact on learning – misses out a lot of teaching due to inattention and hyper-awareness of others or because he has needed time out of classroom. Restraining and calming strategies do not have any impact. Mum tells us that there is family history of ADHD. |

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| **Other involvement from Education/ Health/Social Care** (e.g. EPS, SEND Outreach Service, HI, VI, NHS Speech Therapy, NHS OT, CYPS).  *Please provide date of involvement ,brief summary of outcomes and attach any relevant report):* |
| **CYPS referral has been made.**  **Action for Children to help parents manage behaviour.**  **Previously LAC – lived with auntie. Now in care of parents.**  **Team around the family.**  **SALT**  **Family Support.**  **Waiting list for EPS.** |

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| **Summary of Progress and Attainment** |
| **Below age related expectations in all areas. Little progress has been made.** |

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| **Details of intervention/support provided by school/setting**  **Include frequency, length of time and staffing** | **Outcomes achieved** |
| Wellbeing Officer daily 35 mns daily including playtime and transition into class. 1:1 support for emotional regulation | He is calmer while receiving this support but cannot put strategies into place without 1:1 support. |
| FT 1:5 adult support to help focus, sharing with others and provide 1:1 support when required. | Limited progress in learning. Requiring 1:1 more often. Sometimes this needs to be 2:1 |
| Reading intervention in group of 6 pupils | Limited progress |
| Break out space as required | Uses it regularly – has calming effect most of the time. |
| Trampoline as required | Can have a calming effect but response is inconsistent. |
| Adult accompanies C around school | Moves around school safely and with reduced disruption. |

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| **Please specify what you are hoping to achieve through the SEN ASAP process.** |
| **C is in need of increased level of provision due to escalation in negative behaviours. Provision would reduce need for exclusion and help him to be ‘classroom ready’. Targeted work would aim to:**   * **Develop social and emotional wellbeing** * **Develop his ability to recognise and regulate emotions** * **Increase support to access learning and make progress,** * **Improve self esteem** * **Improve friendships with peers** * **Develop communication skills** |

**Any other information (relevant documents such as SEN support plans individualised target setting should also be attached).**

**For children and young people attending pre-school settings or post 16 settings please provide the following information:**

**Key worker/SENCO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attendance (please tick below)**

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| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Morning** |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |

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| **SEN Advice and Support Allocation Panel (ASAP) Request**  **Parent’s/Carer’s Views** |

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| Child / Young Person’s Name: A Non |
| \*Parent / Carer’s Name: |

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| Have you discussed progress/any concerns with teachers and other professionals? | YES | x | NO |  |  |
| If YES, who have you discussed your child with? | | | | | |
|  | | | | | |
| Has someone explained what the SEN Advice and Support Allocation Panel can provide?  ? | YES | x | NO |  |  |
| If YES, who has explained to you? | | | | | |
| SENCo | | | | | |
| How do you think it will help your child?  Provide support and some counselling to help his emotional needs and make friends with other children | | | | | |
| \* If this child/young person looked after (LAC), this must be signed by the person with designated parental responsibility | | | | | |

I consent to information being discussed as part of the SEN Advice and Support Allocation Panel in the Local Authority decision-making process.

**Parent/Carer’s signature……………………………………………………… Date…………..**

**or**

**Young person’s signature……………………………………………………..Date…………..**

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For information on how to find out about the data we hold and other rights you have under General Data Protection Regulation, visit our website: Newcastle City Council - <https://www.newcastle.gov.uk/local-government/access-information-and-data/open-data/privacy-notice>

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| **SEN Advice and Support Allocation Panel Request**  **CHILD/YOUNG PERSON’S VIEWS** |

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| Maths is fun. I like playtime and playing outside. I like working with Mrs A because it is fun. |
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| Name: |
| Signature: |
| Date: |

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| Completed by: |
| Signature: |
| On behalf of: |
| Date: |

**Section 2**

**IPS Funding Application (For CYP in Reception class upwards)**

**(To be completed in addition to Part 1)**

This Panel also considers applications from school to the Local Authority for Individual Pupil Support (IPS) funding from the High Needs Block for those pupils with more complex needs. Schools will need evidence to support the application and, as recommended in the SEN Code of Practice, the involvement of an outside agency. They will also need to show how they have spent £6000 from within their notional SEN budget. Please see further information in the appendix.

Eligible pupils are those who have a SEN need that requires additional support for a time limited period and statutory assessment is not required at this time.

**Please refer to Appendix 2 before completing the application.**

**a) Provision being made from current Element 2 resources – refer to Newcastle SEN Mainstream Guidance**

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| **Description of provision** | **Cost (£)** |
| **1:1 LSA 3 hrs daily to help access to learning and reduce anxieties – First and Then Boards, movement breaks, time with the therapy dog** | **£60 x 3 = £180 x 31 weeks = £5580** |
| **35 mns Welfare Office every day** | **18/2 x 5 = £45 x 31 = £1395** |
| **Calm box in classroom with favourite toys, timer, fiddle toys** | **£100** |
| **1:5 TA time 3 hours every day to help focus and concentration, break activity down, provide visuals and facilitate social skills** | **(£60 x 3) /5 = £36.**  **£36 x 31 = £1116** |
| **Total** | **£8091** |

**b) Current use of Pupil Premium (if applicable)**

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| **Provision** | **Cost** |
|  |  |

**c) What are you planning to use IPS Funding for?**

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| **Describe provision** | **Desired outcome** | **Cost** |
| **Counselling sessions 1 hour weekly** | **Supports social emotional development and regulation** | **£32 per hour = £992** |
| **1:1 interventions for reading catch up. 30 mns 3 x weekly** | **Will make progress in reading** | **£30 x 3 =£90**  **£90 x 31 = £2790** |
| **1:4 group sessions on Zones of Regulation. Access to calm areas in school.** | **Small group work initially to transfer into larger class situation over time. Increase independence.** | **£470** |
| **Total Cost** | | **£4252** |

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