**Costed provision map**

|  |  |  |
| --- | --- | --- |
| School Name: | Completed by: | |
| Name of pupil: | D.O.B - | Yr Gp: |
| Date: |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| \*Intervention/Support/Resource | \*Planned outcome | Hours per week | Length of time for provision | Job title/ grade of staff required | Size of group | Hourly rate of staff | Total Cost |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | | | | | | Total Cost |  |

**Schools and Settings – please complete this template then upload the form in Section 5 (Step 5) on the Professional Portal Consultation Form**