**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**