South Tyneside

Short Term Exceptional Provision Funding

This application form is for schools/settings in South Tyneside to request **Term 2** Short Term Exceptional Provision (STEP) Funding, prior to making an application, please ensure you have read the STEP Funding guidance.

**N.B settings are encouraged to explore all support available to them, including early help, Educational Psychology Service, EPS specialist teachers, Inclusion Service, Speech & Language Therapy, Occupational Therapy and any other relevant external professionals to obtain advice and support prior to an application and submit evidence of involvement alongside this application.**

## Disclaimer

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|  | I confirm that the child the application refers to is resident in South Tyneside and is attending a school/setting within this location |
|  | I confirm that the school/setting has used its Notional SEN Budget to support the pupil and can demonstrate its use (not applicable to nursery settings) |
|  | I confirm that if successful, STEP Funding will not be used to support privately funded hours within nursery |
|  | This application has been discussed and shared with parents/carers and the schools privacy policy has been shared with them |

## Application

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pupil’s Name |  | | | School/Setting |  | | DOB |  | Year Group |  |
| Attendance (if below 95%, please provide a brief description of circumstances) | | | | | | | | | |  |
|  | | | | | | | | | | |
| If the pupil been excluded within the last academic year, please outline details below | | | | | | | | | | |
| Type | | Date | Duration | | | Reason | | | | |
|  | |  |  | | |  | | | | |
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## Special Educational Needs Ranges

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| --- | --- | --- | --- | --- |
| Area of Need | Communication & Interaction | Cognition & Learning | Social, Emotional & Mental Health | Medical, Sensory and/or Physical |
| Current |  |  |  |  |
| Previous Term |  |  |  |  |

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| **Please provide any significant changes since the submission of the original application form** *(Risk Assessment, Medical Needs & Multi Agency Involvement)* |
|  |

## STEP Funding Provision

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| Has the provision set out in the original application form been implemented? | Yes | No |
| *If no, please provide a summary of why, outline any challenges that have occurred and what has been done to mitigate these* | | |
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| Provide an outline of the needs that have been targeted with STEP Funding and indicate progress towards outcomes and impact summary | | |
| Intervention – Description of support in place | Objective – What does success look like? | Impact – Progress towards the objective |
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| **Interventions & Strategies currently in place to support the child or young person**  *Please amend time frames accordingly. Ensure that in each time frame the child or young person is receiving support, you have identified the lesson it is taking place in, the intervention/strategy being used, ratio of support being provided and length of time that this is being implemented for. Please refer to the STEP Funding Timetable Exemplar within the guidance* | | | | | | | | | | | | |
|  | 08.45 - 09.00 | 09:00 – 09:20 | 09:20 – 09:30 | 09:30 – 10:30 | 10:30 – 10:45 | 10:45 – 12:00 | 12:00 – 13:00 | 13:00 – 14:00 | 14:00 – 14:15 | 14:15 – 15:15 | 15:15 – 15:30 |
| Monday |  |  |  |  |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |  |  |  |  |

Prior to Term 2 Request being submitted to panel, the application will be quality assured, to check that all information necessary is available to make a decision. **Where an application is incomplete or does not provide enough information to make an informed decision it will not be considered.**

**Checklist**

* Details regarding impact of provision including details of targets/outcomes
* SEND Ranges
* Signed by Parent/Carer
* Individual Timetable outlining intervention/strategies implemented

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| --- | --- |
| Application Submitted by: |  |
| Parent/Carer Signature: |  |
| Date: |  |