|  |
| --- |
|  |
| **Exceptional Needs Cluster Top Up Funding Application (please use additional sheets as necessary)** |
| Cluster Name:Cluster Group Number: |  |
| 16/17 Cluster SEND Funding: |  |
| Current Cluster SEND Balance: |  |
| Total Exceptional Needs Cluster Amount requested: |  |
| Children and/or Young Person’s Needs, SEN Support and Cost Profile(schools to complete a separate profile for each CYP for whom the Cluster is making application) |
| Name: |  |
| SEND: |  |
| School SEND Budget 16/17: |  |
| Breakdown of School SEND Budget spend to date: |  |
| Cluster Funding received to date: |  |
| Amount of Additional Top Up Funding requested? |  |
| Current (or intended) SEN Support Plan to Meet Needs? |  |
| Cost Breakdown of Plan to Meet Needs: | School funding will provide:Cluster Funding will provide:Exceptional Needs Funding Requested to provide: |
| Current (or intended) Impact of SEN Support? |  |
| Supporting Evidence Provided (please attach): | E.g. Provision maps, SEN Information Report (link), class size, number of support staff, existing resources, accessed specialist support (e.g. S2S, SRB Outreach, Short Stay School, Educational Psychology Services, training) |