|  |  |  |  |
| --- | --- | --- | --- |
| **Impact of High Needs PPG Funding for CLA 2023-2024** | | | |
| **School/Setting**: | | **Name of child/ young person**: | |
| **UPN**: | **M or F**: | | **Year Group**: |
| **SEN**: | **Date of high needs allocation**: | | **Amount allocated**: |

**Reason additional funding applied for?**

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**How was the funding used?**

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**Outcomes / Impact (e.g. progress, attendance, wellbeing, behaviour) any wider learning for school?**

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|  |

**Completed by: Date:**

**Designation: Telephone number:**

**Email:**

**Please return all completed forms to:**

[**Virtualschool@lancashire.gov.uk**](mailto:Virtualschool@lancashire.gov.uk)