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| **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**