**INCLUSION FUND B REVIEW**

**Child & Setting details**

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| --- |
| Child's Name: Date of Birth: CLA? Y / N |
| Setting Name: |

**Funding information**

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| --- |
| Did you use the fund as outlined in the application? Y / NIf no, please outline how the funding was used and the reason/s for any change: |

**Overview of child's progress towards identified outcomes**

|  |  |  |
| --- | --- | --- |
| **Outcomes identified for the child in application** | **Interventions implemented** | **Progress made towards identified outcomes** |
|  |  |  |
|  |  |  |
|  |  |  |

**Impact of funding on provision and practice**

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| --- |
| Please provide details of the impact of the use of the Inclusion Fund on the general provision and practice within your setting |

**New outcomes identified for the child**

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| --- |
| 1.2.3. |

**How will you continue to use the Inclusion Fund to support the child in making progress towards the new outcomes (as identified above)?**

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|  |

**Additional information required to support this continuation request:**

|  |  |
| --- | --- |
| **Essential:**  | **Updated assessment / tracking information.**This information must clearly/precisely identify the child's current age/level of development |

**Setting declaration**

* I confirm parents/carers/persons with parental responsibility are in agreement with the request for continuation of Inclusion Fund

* I confirm that I have read and understood the Inclusion Fund Guidance and that I accept the conditions attached to any funding made.
* I confirm that this review is accurate, and any further funding granted will be used for the purposes indicated.
* I am aware that I must keep receipts and evidence of actual expenditure, which may be requested in future. I accept that should these not be available, or evidence indicates that the Inclusion Fund money was not used for the agreed purpose, or alternative appropriate purpose in line with the original request, then they may be required to be repaid in full.

Owner/Manager/SENCo:

Name: ……………………………………………… Signed: ………………………………………

Position: …………………………………….……………………. Date: …………………............

**You can send a completed application form along with additional documentation securely to the appropriate team mailbox for your setting:**

Inclusion.North@lancashire.gov.uk (Lancaster, Wyre & Fylde)

Inclusion.South@lancashire.gov.uk (Preston, Chorley, South Ribble, West Lancs)

Inclusion.East@lancashire.gov.uk (Burnley, Pendle, Hyndburn, Rossendale, Ribble Valley)

**Or post** FAO Early Years Panel **to:**

**Inclusion Service**

**Lancashire County Council**

**County Hall**

**Preston**

**PR1 0LD**