**INCLUSION FUND B REVIEW**

**Child & Setting details**

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| Child's Name: Date of Birth: CLA? Y / N |
| Setting Name:  If there were any reasons why you used the Inclusion Fund differently to how you said you would when you applied for it, explain this here. |

**Funding information**

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

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

Add the outcomes the child has been/is working towards in this section. You may have identified these or may have taken them from a Portage play plan or Specialist Teacher report.

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| --- | --- | --- |
| **Outcomes identified for the child in application** | **Interventions implemented** | **Progress made towards identified outcomes** |
|  | Describe what you have put in place to support the child – this should include reference to how you have used the Inclusion Fund monies. | Summarise the progress the child has made towards the outcomes and whether or not they are achieved or ongoing. |
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**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  Inclusion Fund is expected to have an impact on your general practice and provision as well as support for the child for whom it has been applied. Here, you should describe how the Inclusion Fund has improved your practice and/or provision in general – not specific to the child |

**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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| Here, outline how you are going to use the Inclusion Fund to continue to support the child e.g. provide additional staffing so that you can provide more 1:1 time to support learning and development, work on TLPs etc. |

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

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

**Setting declaration**

Remember to attach up to date assessment/tracking information when you submit the review

* 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](mailto:Inclusion.North@lancashire.gov.uk) (Lancaster, Wyre & Fylde)

[Inclusion.South@lancashire.gov.uk](mailto:Inclusion.South@lancashire.gov.uk) (Preston, Chorley, South Ribble, West Lancs)

[Inclusion.East@lancashire.gov.uk](mailto: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**