**High Risk Group and SEND Cluster Funding Impact Review**

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| **CYP initials** | **D.O.B** | **School** | **YR Group** | **Current Attendance %** | **No. of In Yr FTE** | **Agencies Involved**  *(e.g YOT/FYPS/Social Care etc)* |
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| **Completed by** | **Role** | **Date** | **Contact Info** | **Date** |
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| **Total Funding Received from HRG/SEND Cluster and any top up funding provided by the school** | | |
| HRG Funding Amount: | SEND Notional £6,000 (where applicable) | Additional Top Up Funding (for pupils with EHCP) Amount: |
| Cluster Funding amount (1) | Cluster funding (2) | Comment: |

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| **Please use this section to identify what you want to change for the CYP as a result of this provision/intervention** | |
| **For the CYP in their voice.**  *A good outcome for me will be:* | **For the school**  *The impact will be:* |

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| **Please use this section to show how the funding (including any top up provided by the school) was spent and describe the impact on CYP** *Please include reasons why these were/were not successful.* | | | | |
| Intervention/Strategy | Start date | Completion date | Cost and staffing | Impact on CYP |
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| **Specific Outcomes Measures** | |
| Improved attendance? | Yes/No |
| No exclusions? | Yes/No |
| Reduced exclusions? |  |
| Improved parent/carer engagement? | Yes/No |
| Improved CYP attitude towards learning? | Yes/No |

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| **Please provide any other impact evidence of HRG/SEND Cluster funding on outcomes for CYP** |
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| **Next Steps for CYP** |
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