**HRG multi agency panel agreed funding?**

 *YES/NO*

*Chair:*

 **HIGH RISK GROUP ~ COSTED PROVISION PLAN**

 **2022-23**

|  |  |  |  |  |  |
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| **Pupil Name** | **School** | **Year Group** | **SEND Cluster** | **Date of Referral**  | **Referrer** |
|  |  |  |  |  |  |
| **Intervention/ provision** | **Recommended by***(EP, SALT, SENDco, OT, Inclusion Service etc)* | **Staffing and frequency** | **Current:***Attainment -**Progress -**Attendance -**Exclusions -* | **Target:***Specific**Measurable**Achievable**Realistic**Time limited* | **Review date** | **Impact Review** | **Cost per day/week x weeks of intervention** |
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| **Finance contact details:** | **Next steps to release funding?** | **Special consideration? Evaluation?** | **Total funding requested:** |
|  |  |  |