**HRG multi agency panel agreed funding?**

*YES/NO*

*Chair:*

**HIGH RISK GROUP ~ COSTED PROVISION PLAN**

**2022-23**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  | |  | |  |  | |  | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  |
|  | |  | |  |  | |  | |  | |  | |  |
| **Finance contact details:** | **Next steps to release funding?** | | | | | | **Special consideration? Evaluation?** | | | | | | **Total funding requested:** |
|  |  | | | | | |  | | | | | |