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| **Individual or group HNTUF request** **Check list**    |
| **Evidence provided**  | **Please tick/highlight**  |
|   | **Yes**  | **No**  |
| School is at their identified ‘trigger point’ for making a request  |   |   |
| Information to indicate how the HNTUF will be used to increase access to the curriculum and learning environment and to support the CYP in achieving their outcomes.  |   |   |
| Overview of total HNTUF being received, for how many pupils and how this is currently being utilised  |   |   |
| Reviewed SEN Support Plan with signed parental consent (signed within last 6 weeks)  |   |   |
| Costed timetable of the child’s provision or the provision that is to be in place  |   |   |
| Provision on the timetable is specific (what, by whom, staff to child ratio, location) and based on evidence-based approaches  |   |   |
| Start date the provision is planned to be in place from and until (typically maximum of 2 terms will be agreed)  |   |   |
| Where applicable, reports from relevant professionals that support or recommend the provision to be in place  |   |   |
| For group top-up funding requests, please include a SEN Support Plan for each pupil and a costed timetable for the group  |   |   |

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| **Equipment HNTUF request** **Check list**   |
| **Evidence provided**  | **Please tick/highlight**  |
|   | **Yes**  | **No**  |
| Item/s is over £500  |   |   |
| The external agency report stating that the equipment is required – this is typically a report from the Sensory Team or Specialist Teaching Team  |   |   |
| The SEN Support Plan – or an explanation of why a SEN Support Plan is not required  |   |   |