**Exceptional Special Needs**

**Application 2022/2023**

*Please complete this form and return to Schools Principal Officer*

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| **School** |  |
| **Head Teacher Name**  |  | **Head Teacher Name**  |  |
| **Business Manager Name** |  | **Business Manager Name** |  |

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| --- | --- | --- | --- |
| **Name of Pupil** |  | **Date of Birth & Yr Group** |  |
| **Current Band/ Current Top Up Value** |  | **Primary Need** |  |
| **Admission Date** |  | **Has ESN been received previously? If so please provide details.**  |  |
| **Date Funding Requested from** |  | **Date Funding Requested to**  |  |
| **Amount Requested in addition to top up** |  | **Tribunal case?** |  |
| **Reasons this cannot be funded via existing resources or any carry forward balance?** |  |

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| Please state below what the ESN is to be used for |
| Staffing (please state whether agency or permanent) |  |
| One off Costs (e.g. adaptations, equipment) |  |
| Other (please provide details) |  |
| If already providing additional support, please state amount Spent (in last academic year) |  |

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| **Supporting Evidence for Continuation**  |
| **Outline reason for request** |
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| **Please indicate with a** ✓ **which naturally occurring supporting evidence you are attaching:**  |
| * Details of previous interventions { }
* Details of current provision { }
* Behaviour / incident log; other recorded evidence { }
* Evidence of interventions within existing banding { }
* Attendance record
* Other (please specify):
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| **What are your expected costs?** |  |
| **What is the desired outcome/anticipated impact?** To continue to support Katie whilst waiting for specialist provision for this academic year.  |
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**Signed: Date:**

 **(Head Teacher)**

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| **SENAR Decision:**Application Approved / Rejected (delete as appropriate) Pupil’s Impulse ID:………………………………………………………………………Amount Agreed: ………………………………………………………………………...Length funding agreed for: …………………………………………………………….Notes for finance: ……………………………………………………………………….**Confirmed by SENAR HoS / Commissioning Team Manager**Signed: ……………………………………….. Date: ……………………………………….. |