|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD / YOUNG PERSON’S DETAILS** | | | | | | | | | | | | | |
| Name of Child/Young  Person: | |  | | | | | | | | | | | |
| Date Of Birth:  Click here to enter a date. | | Current Year Group: Choose an item. | | | | | | Current school/setting:  Choose an item. | | | | | |
| Parents Signature: | | | | | | | | | | | | | |
| Current Statutory Status: Choose an item. | | | | | | | | Primary Need Choose an item.  Secondary Need Choose an item. | | | | | |
| EY Sheffield Support Grid levels (need): | | 1 | 2 | 3 | | 4 | | | 5 |
| Where have SSG levels been taken from? | |  | | | | | | Have SSG levels been moderated? | | | |  | |
| Current level of funding: | |  | | | | | | Current attendance (%): | | | |  | |
| Health and Care status and involvement (tick as relevant): | | None | | | Referrals made awaiting involvement | | | | | MAST / Early Help | | | Child in Need (CIN) / SNIPS |
| Child Protection (CP) | | | Child Looked After (CLA) | | | | | Transition / Adult social care | | | Continuing Health Care / S117 aftercare |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **PANEL SUBMISSION** | | | | | | | | | | | | | |
| Officer submitting case: | |  | | | | | | | | | | | |
| Reason for Funding Request: | | Early Years EHCP | | | Element 3 Top Up | | | | | CLA Placement | | | OLA Top Up |
| Personal Budget | | | Additional Therapy Provision | | | | | Early Years EYIF | | | Return to panel |
| Summary of request – what funding is being requested and why?  For EYIF- has evidence of two cycles of graduated response been submitted? | |  | | | | | | | | | | | |
| If case has returned to panel with updated information – summary of previous decisions and requested actions | |  | | | | | | | | | | | |
| Options considered and rationale for view:  *This should include consideration of local mainstream provision* | |  | | | | | | | | | | | |
| Relevant information for panel and evidence included / not available: | |  | | | | | | | | | | | |
| Young person and Parents views and preference(s): | |  | | | | | | | | | | | |
| Current education provider and their views: | |  | | | | | | | | | | | |
| Advisory services involved and their views: | |  | | | | | | | | | | | |
| Details of financial implications and requests: | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **PANEL DISCUSSION AND OUTCOMES** | | | | | | | | | | | | | |
| **Chair:** |  | | | | | | **Date of panel:** | | | | | Click here to enter a date. | |
| **Attendees:** |  | | | | | | | | | | | | |
| **Summary of discussion and agreed actions:**  *(including relevant pieces of legislation)* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Formal decisions and recommendations made:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Is the case required to return to panel for further decisions at this time? Choose an item.  If yes, the desired return date is? | | | | | | | | | | | | | |
| **SIGNED:** | | | | | | | | | | | **DATE APPROVED:**  Click here to enter a date. | | |

It is the responsibility of the Officer who has submitted the case to panel to inform the parent/young person and school/setting plus other relevant professionals of the panel’s decision/outcome as part of the ongoing casework.

If an action is required by a different professional they will be sent a copy of the panel notes to action but SENDSARS should ensure liaison with them on actions to be completed.