|  |  |
| --- | --- |
| A pink and yellow text on a black background  AI-generated content may be incorrect. | Cluster Support for an Individual Learner  SETTING REQUEST FORM |

# PART 1: ABOUT THIS REQUEST

**Please do not use any children’s names and ensure that the anonymity of the child can be protected during the cluster meeting**

|  |  |
| --- | --- |
| **School/setting name** |  |
| **NC year group of the learner** |  |
| **Start date at current setting** |  |
| **Current SEND stage** | SEN Support, EHCP |

# Part 2: Information about the child or young person’s special educational needs (SEN)

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate the SEND category which describes the child or young person’s needs. You can tick more than one if the child or young person has needs across multiple areas.** | | | |
| **Cognition and Learning** | **Communication and Interaction** | **Social, Emotional and Mental Health** | **Physical, Sensory and/or Medical** |
| Moderate learning difficulties (MLD)  Specific learning difficulties (SpLD)  Severe learning difficulties (SLD)  Profound and multiple learning difficulties (PMLD) | Speech, language and communication  Autism spectrum condition | Social difficulties  Emotional difficulties  Mental health difficulties | Physical difficulties  Visual impairment  Hearing impairment  Medical difficulties |

|  |
| --- |
| **Summarise the learner’s current situation** |
|  |

# Part 3: tHE GRADUATED APPROACH - DETAILS OF SCHOOL BASED INTERVENTIONS

**Please give details of your concerns on the relevant area(s) of need below and the interventions used with the impact of those interventions, along with the strengths of the child/young person. Add more rows to each table as required**

## COGNITION AND LEARNING

|  |  |
| --- | --- |
| **Strengths** | |
|  | |
| **Needs** | **Strategies, interventions and provision made** (Please evidence what have you done to meet the need) |
|  |  |
|  |  |

## COMMUNICATION AND INTERACTION

|  |  |
| --- | --- |
| **Strengths** | |
|  | |
| **Needs** | **Strategies, interventions and provision made** (Please evidence what have you done to meet the need) |
|  |  |
|  |  |

## SOCIAL, EMOTIONAL AND MENTAL HEALTH

|  |  |
| --- | --- |
| **Strengths** | |
|  | |
| **Needs** | **Strategies, interventions and provision made** (Please evidence what have you done to meet the need) |
|  |  |
|  |  |

## SENSORY AND/OR PHYSICAL

|  |  |
| --- | --- |
| **Strengths** | |
|  | |
| **Needs** | **Strategies, interventions and provision made** (Please evidence what have you done to meet the need) |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **External agency either currently or previously involved** | **Name of professional** | **Date of last involvement** |
|  | Educational professional |  |  |
|  | Behaviour specialist |  |  |
|  | Hearing impairment practitioner |  |  |
|  | Visual impairment practitioner |  |  |
|  | Education welfare |  |  |
|  | Educational Psychologist |  |  |
|  | CAMHS |  |  |
|  | Physiotherapist |  |  |
|  | Occupational Therapist |  |  |
|  | Speech and language therapy |  |  |
|  | Social care or early help worker |  |  |
| **Please describe how you have acted on the advice of all external specialists consulted and indicate what changes you made to the child or young person’s intervention plan as a result of receiving this advice.** | | | |
|  | | | |

# Part 4: PARENT/CARER INVOLVEMENT

|  |
| --- |
| **How have you involved parents in supporting and reviewing the child or young person’s progress?** |
|  |

# Part 5: OUTCOMES

|  |  |
| --- | --- |
| **What do you hope for this child?** | |
|  | |
| **What will the outcome be?** | |
|  | |
| **How will you know this child will have been successful?** | |
| **Impact measure 1** |  |
| **Impact measure 2** |  |
| **Impact measure 3** |  |