

**SEN & Disabilities (SEND) Support Register**

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| **Name of Setting** |  | **Name of SENCO** |  |
| **Term** |  | **Name of Manager** |  |

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| **Name of Child** | **DOB** | **Broad Area of Need / Primary Need** | **Professionals Involved** | | | | | | **Level of SEN / Census Information** | | **Placement/Funding information** | | | | | **Additional Information** | | | | | | | | | | |
| **Health CCG/Trust Hounslow Y/N**  **(i.e. - Borough of GP)** | **Speech Language Therapist** | **Physiotherapist** | **Occupational Therapist** | **Paediatrician (CDC)** | **Other**  **(Portage, SENSS HI and/or VI etc.)** | **SEN Support** | **Education Health Care Plan** | **Non-funded (Parent or Carer paying cost of placement** | **2- year funded** | **3- and 4- year funded (15 hrs or 30 hrs)** | **Early Years Pupil Premium (EYPP)** | **Disability Living Allowance (DLA)** | **SEN Inclusion Funding** | **Disability Access Fund (DAF)** | **Targeted Plan** | **2-year health review check (Y/N)** | **EYFS 2-year progress check (Y/N)** | **English Additional Language (EAL)** | **Looked After Child (LAC)** | **Social Care Vulnerable (SCV)** | **Reception Aged Child (RAC)** | **Borough of residency Hounslow Y/N** | **Discussed with Parent/Carer / Consent obtained Y/N** |
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