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**SEN Inclusion Fund - Provision Map**

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| **General Information** | | | |
| **Child’s name** |  | **Term and year** |  |
| **Child’s date of birth** |  | **Top up fund / lump sum payment for this period** |  |

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| **To build capacity within the setting with additional staffing to support specific interventions / strategies for the child with SEND** | | | | | | |
| **Intervention / Strategy** | **Targeted Plan and/or other professional advice/reports** | **Staffing (initials) / Child ratio** | **Impact and progress**  (Exceeded, Fully Met, Partially Met, Not Met)  (Made limited / expected / rapid progress) | **Frequency (= hours per week)** | **Duration (total number of weeks)** | **Total Cost**  (hrs per week x number of weeks x hourly pay rate) |
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| **Specialist or one-off training to upskill whole team or staff member(s) linked to individual child’s needs** | | | |
| **Name of Training & Provider** | **Cost of training** | **Supply / cover costs if applicable** | **Total Cost** |
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| **Purchase of resources / equipment to support specific interventions / strategies (receipts should be kept and available on request)** | | |
| **Description of resource / equipment** | **Where resource was purchased** | **Total Cost** |
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| **Overall Total** |  |