**Appendix 3**

**INCLUSIVE SCHOOL PROVISION PLAN (ISPP) - Version 1**

***(To be completed and sent in with ISF application)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** |  | Date of Birth |  |
| School/Setting |  | | |
| SENCo |  | | |

|  |
| --- |
| **Summary of special educational needs** |
|  |

|  |  |
| --- | --- |
| **OUTCOMES** | |
| What are the expected outcomes that xxx will achieve over the next 12 months.  *(Please add as many outcomes as required)* | 1. |
| 2. |
| 3. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Details of provision/Intervention to meet outcomes | | Grouping  (Ratio) | Session | |
| Duration | Frequency |
|  | |  |  |  |
| Summarise how the additional provision will enable the child/young person towards greater independence. |  | | | |

|  |
| --- |
| **Parent / Carer’s view** |
|  |
| **Pupil’s views** |
|  |

|  |  |  |
| --- | --- | --- |
| **Staff member responsible for completing the plan** | | |
| Name: | Designation: | Date: |