

# Specialist Funding Evaluation Form

Child Name:

Setting Name:

Area of Focus	Interventions	Evaluation	Next Steps
Cognition and Learning			
Communication and Interaction			
Social, Emotional and Mental Health			
Sensory and/or Physical Disability			
<b>REQUEST FOR FUNDING TO BE CONTINUED FOR A FURTHER TERM</b>			
<b>1. Will you be requesting further funding for this child?</b> <i>If you have ticked yes, please complete all questions in this section</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2. Has permission to seek further funding been agreed by the child's parents/carers?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3. Additional Information in support of request</b> <i>(please continue to next page if more space needed)</i>			

SIGNED:

Date: