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			

REQUEST FOR FUNDING TO BE CONTINUED FOR A FURTHER TERM		
1. **Will you be requesting further funding for this child?** *If you have ticked yes, please complete all questions in this section*	☐ Yes ☐ No	
2. **Has permission to seek further funding been agreed by the child's parents/carers?**	☐ Yes ☐ No	
3. **Additional Information in support of request** *(please continue to next page if more space needed)*		

SIGNED: **Date:**