

**IPF Term Summary**



|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Term/Year: |  | **Autumn** |  | | **Spring** |  | **Summer** | | **20** |
| Child’s Name: |  | | | | | | | | |
| Date of Birth: |  | | | Age (years and months): | | | |  | |
| Provider Name: |  | | | | | | | | |
| Contact Name and Number: |  | | | | | | | | |

Primary Area of Need (please tick only one)

|  |  |
| --- | --- |
| Communication and Interaction |  |
| Cognition and Learning |  |
| Social, Emotional and Mental Health |  |
| Sensory and/or Physical |  |

Other Funding

|  |  |
| --- | --- |
| EHCP/PFA Requested? (Please specify): |  |
| Date Completed: |  |
| What date will this funding commence at the Provider? |  |

Attendance

|  |  |  |
| --- | --- | --- |
| Percentage: |  | *If below 85% please give reasons (illness, hospital admission etc.)* |

Enhanced Transition Payment (applicable to Summer Impact Report only)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is the Provider applying for the Enhanced Transition Payment? | YES | |  | | | NO |  | |
| What school will the child be transitioning to? | | | | | | | | |
| Has this been discussed with your EY SEND Officer and/or SENCo? | | YES | |  | NO | | |  |

|  |  |
| --- | --- |
| **Please attach:** | |
| Assess, Plan, Do, Review – Summative Review Sheet |  |
| Provision Map – How Do You Support My Learning? (\*\*if changed\*\*) |  |
| Short Application Form **(applicable to Summer Impact Report only)** |  |

Inclusive Practice Fund Support Log

Please indicate how you have utilised the funding through the number of hours spent on each heading weekly. Use an ‘A’ to indicate child absence. Weeks are shared over the term as below:

**Autumn = 14 weeks Spring = 11 weeks Summer = 13 weeks**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please state the number of IPF hours the child is entitled to:** | | | | | | |
| **Week No.** | **No. of hours child attended** | **IPF Hours Utilised For…** | | | | **Weekly Total** |
| Higher Level Adult Support | Staff Training | Review Meetings | Statutory Paperwork Completion |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
|  | | | | | Term Total: |  |
| Carry Forward: |  |

|  |  |
| --- | --- |
| Manager/SENCo Signature |  |
| Position |  |
| Print Name |  |
| Date |  |