

Provision Mapping

(To be completed termly)

Child's Personal Details	
Name	Date of Birth

Setting Details	
Setting Name	Child's Start Date

Support Needs		
Pupil's identified needs (e.g. SLD, VI, SALT, Behaviour) – please list all needs that apply to the child		
Type of support (1:1, 1:2, small group), Please specify	Please give details of duration of support	What has been the impact of the support/targets implemented (Please include all reviewed support plans with your applications)
Specialised Equipment required (e.g. seating, walking aids, etc.) Please specify	Please give details of duration of required equipment	

Specialised educational resources used (e.g. sensory room, switch toys, etc.)	Access for communication (e.g. Makaton, PECS, etc.)
Therapy or outside agency involvement (e.g. physio, SALT)	How often? Care plans/ Targets in place?
Behaviour support (e.g. visual timetable, specific strategies, circle time, social stories etc.)	

DECLARATION

All information given is complete and true, treated as confidential and stored securely. Any false declaration or misleading statement or any significant omission may make this funding request invalid. All permissions have been received from the relevant parties before information has been shared.

	Print Name	Signature	Date
Setting			

