

SEND Inclusion Fund (SENDIF) Audit

*From March 2019*

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| Name of child |  | Child’s D.O.B. |  |
| Name of setting |  | Attendance % |  |
| Name of staff auditing  |  | SEN Funding | 1B |  | 1C |  |
| Role of staff |  | Review date |  |
| Is the child:  | LAC |  | CP |  | CIN |  | CASA |  | Receives: | DAF |  | EYPP |  |
| **Review** |
| **Specialist Assessment Identified Needs** |  | SEN Support but No Specialist Assessment (NSA) of need  |
| OR Specialist Assessment |
|  | Specific learning difficulties (SpLD) |
|  | Moderate learning difficulty (MLD) |
|  | Severe learning difficulty (SLD) |
|  | Profound and multiple learning difficulty (PMLD) |
|  | Speech, language and communication needs (SLCN) |
|  | Social, emotional and mental health (SEMH) |
|  | Autistic spectrum disorder (ASD) |
|  | Visual impairment (VI) |
|  | Hearing impairment (HI) |
|  | Multisensory impairment (MSI) |
|  | Physical disability (PD) |
| **Child’s Developmental Assessment (prime areas)** |
| Communication and Language  | EmergingDevelopingSecure | Personal, Social and Emotional | Emerging DevelopingSecure | Physical | EmergingDevelopingSecure |
| L and A |  | MR |  | H and SC |  |
| U |  | SC |  | M and H |  |
| S |  | MF |  |  |

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| --- |
| SENCo/Key Person discussion: *(what is going well, are they any concerns? How much progress has been made?)* |
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| Review of current strategies/interventions*: (observation of work with the child that supports outcomes)*  |
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| Review of SENDIF spend: *(evidence of how the funding has been spent as agreed in section 4 of the SENDIF application form and its impact on the child’s learning outcomes)*  |
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| Update of key information: *(new professionals / agencies involved since Panel, new reports, etc)* |
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| From what has been discussed, observed and documented, is there evidence of effective use of SENDIF funding to support outcomes? | Yes |  | No |  |
| If ‘No’ provide further information |
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| **Agreed actions/recommendations to further improve practice / SEN support** |
| Date set |  To improve practice/SEN support. | State if Action or Recommendation | Responsible person  | Complete by |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Date of next review:  |  |
| Inclusion Officer signature: |  |
| *Please Note: The Inclusion Officer offers advice and recommendations only (unless otherwise stated) and therefore on-going support remains the setting’s responsibility and should be incorporated within daily provision, intervention programmes and/or SEN Support for the child.* *It is the setting’s responsibility to provide a copy of this report to the parents/carers of this child* |