Criteria Area	Guidance	Checklist Ref
1. EVIDENCE OF Specia	l Educational Needs (SEN)	
The child or young person (CYP) has or may have a learning difficulty or disability which is classed as a SEN, leading to the CYP requiring provision that is in addition to and/or different from what is ordinarily available.	Is the child or young person's (CYP) primary area of SEND identified (as defined within the SEND Code of Practice 0-25) and is there evidence to support this need requiring additional special educational provision to meet this need. Cognition and Learning Communication and Interaction Social, Emotional and Mental Health Sensory and Physical Note - If a child or young person has a medical diagnosis, this does not necessarily mean that the child has special educational needs requiring special educational provision to be put in place. What are the CYP, parents/carers view and wishes? A child or young person may have additional needs that require support via other routes than the statutory SEND process, e.g., A Health Care plan A Speech and Language Therapy (SALT) plan Emotional Literacy Support (ELSA) Mental health support and intervention An ATTEND plan Behaviour Support plan	1
	ACH – Steps taken by the school/educational setting to identify and meet SEN	
outside of the statut	ory SEND process.	
2.1 Internal Support		
Evidence that the provision in place links to the CYP's presenting SEN need, provided by school/setting existing budget	Consider what are the barriers to learning and what is in place to address the identified barriers for the CYP? Refer to other supporting materials, such as: A provision map SEN Support Plan Additional Funding Needs (AFN) and/or High Level Needs (HLN) Funding Bid CYP's curriculum has been reviewed and adapted in line with their SEN	<i>4</i> 5

(Place and Notional SEND funding).	Has the CYP accessed AP – if so, how much and for how long was if for and what was the impact? What adjustments have been made to the young person's educational provision? • e.g. Evidence of 1:1 support, evidence of small group intervention and as a result, what has been the impact? • e.g. improved academic attainment, reduced suspensions and exclusions, increased attendance	
Evidence that cycles of Assess, Plan, Do, Review (ADPR) have taken place.	There should be evidence of a minimum of 2 cycles of review, demonstrated through Individual Education Plan (IEP) review meetings.	4
Evidence of CPD linked to the CYP's SEN and its practical application in the setting.	 Have school staff working with CYP completed CPD relevant to their SEN? Were any adjustments made to the young person's educational provision as a result and what was the impact? 	10
2.2 External Support		
Evidence that advice and guidance has been sought from external support services to inform educational provision at school/in the educational setting, linked to the identified SEN.	Evidence that discussion took place at Springboard. • Consider what the outcome was. (It is also important to remember that it is not a requirement under the Code of Practice for a school to refer to Springboard or to request additional funding, or to seek external support service involvement for a request for an EHCNA. If the school has existing knowledge and expertise within its system to support special educational provision to be put in place, this forms part of the graduated response to meeting the child's needs. Routes to referral for Education, Learning and Inclusion support services include but are not limited to: • Springboard - access to Schools and Families Support Service (SFSS) and Educational Psychology Service (EPS) • Behaviour Partnerships (Social Emotional and Mental Health Team, SEMH) • Team Around the Family • Health Related Education Team (HRET)	11

	Referrals may also include health and social care services, where health and social care needs have an impact on a	
	young person's access to education. E.g.,	
	Team Around the Family	
	• SALT	
	Occupational Therapy	
	Physiotherapy The title To the Telephone The title	
	The Healthy Family Team	
	Continence Team	
	Child and Adolescent Mental Health Services (CAMHS)	
	Mental Health Support Team (MHST)	
	If professional support was offered, how was it implemented and what was the outcome?	
	Routes to referral include:	
Referral(s) have been made to	Springboard (access to SFSS and EPS)	
	Behaviour Partnerships (SEMH Team)	
appropriate support services	Team Around the Family	11
linked to the outlined	• HRET	
needs/SEN.		
	If professional support was offered, how was it implemented and what was the outcome?	
	Reference supporting material, such as:	
	An HLN/AFN bid.	
	Behaviour Partnership Funding	
Evidence that the special	Vulnerable Children Education Commissioning (VCEC) funding or involvement	
Evidence that the special	value and Education commissioning (vere) junuing or involvement	
educational provision in place is	AFN/HLN is equivalent to SEND Support because they are receiving something additional / or different from but	
over and above the notional	does not necessarily mean an EHCP is required. Children have access to additional support and top-up funding	5
budget for SEN support (£6K) or	outside of the statutory SEND process.	
additional funding has been	outside of the statutory serve process.	
sought.	Consider if the CYP has made progress in response to this provision being put in place.	
-	N.B., the notional budget of £6K may not necessarily result in a CYP being SEND support i.e. used for dyslexia	
	friendly strategies or midday supervision club for children struggling or reducing class sizes (not bespoke to an	
	individual child). Need to consider the school and child context.	
•	iderations specific to Early Years	
What support and provision are p	ut in place from early years settings? (If applicable).	

CYP has been accessing support or provision from an early years setting. 2.4 Graduated Response cons	Consider what support and provision are in place from early years settings. Refer to supporting materials such as: Evidence that SEND inclusion funding including transition and bridging funding has been in place or requested Involvement of SFSS — early years and sensory (teachers of the visually and hearing-impaired teams) Involvement of SALT Evidence of Neurodevelopmental Behaviour Pathway referral Known to Paediatrics service	EY5 EY10 EY11 EY16
Has the graduated response been implemented before and if not, is there a clear reason for this. E.g., requires longer in education to achieve potential aspirations.	Consider whether any significant education missed, or if the CYP requires longer in education to achieve potential aspirations. Explore any transition documentation.	13
Is this a request for a supported internship?		N/A
3. PROGRESS AND ATT	AINIVIENI	
Is the young person making academic progress according to their starting point, in response to the Special Educational Provision implemented?	Provide evidence of detailed assessment data over time i.e. at least 5 academic terms. Please refer to the evidence considered within the graduated approach above.	8
Rates of progress remain below expectations despite evidence-based interventions being applied consistently over time.	Consider similar age, need, and starting point for academic and social aspects. Has there been evidence that the CYP has not made progress over 5 terms? Has there been improvement in social interaction and development? Please refer to the evidence considered within the graduated approach above. Provision map/SEN support plan Level of adult support and intervention	8

	For early years attainment, this may be EYSFS development matters and B-Squared assessments if SFSS is involved (at least 6 months).	EY2
4. ATTENDANCE		
Is the young person persistently absent from school/education or are they finding it difficult to attend at all over a sustained period, despite significant intervention and support?	Check to see if ATTEND framework used. What was the impact and to what effect? Have referrals been made to appropriate services? E.g., Family Service, HRET, Alternative Provision etc. What was the impact and to what effect?	4