

**ESF Renewal Application Form**

Early Support Funding (ESF) is designed to be short/medium term support to enable students to accelerate current progress in targeted areas and is not intended to be long-term. Please consider whether funding is still required before submitting a renewal request. Repeated renewals will be monitored and evaluated for appropriateness.

**Please complete the following ESF Impact Form to demonstrate the effectiveness of ESF over the last year.**

**This form MUST be completed for your new application to be considered.**

[ESF Impact Form](https://forms.office.com/r/LmTskK9k5j)



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| **Child/Young Person’s Name** | **DOB** | **Year Group** | **Primary Need** | **Setting** | **Name of referrer** | **Linked SAS practitioner** |
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| **Original ESF Decision Letter**  *(Please copy and paste this information)* |
| |  |  |  |  | | --- | --- | --- | --- | | **Length of ESF** | **Amount** | **Start Date** | **Review Date** | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **Information regarding Panel Decision:** |

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| **ESF Renewal Application Summary** |
| *The renewal applications will be reviewed via the multidisciplinary SEND Advisory Service panel. Please summarise and evidence the following:*   * *The progress the child/young person has made towards the agreed outcomes.* * *Whether the child requires the same level of support in order to continue to make appropriate progress.* * *Whether the child/young person still requires ESF in order to make appropriate progress.* * *Whether an increase or decrease in funding will be sufficient to meet the needs of the child/young person.*   **Please add details here:** |

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| **Disclaimer:** Please note applying for ESF renewal at SAS panel does not necessarily mean that the application will be accepted. Panel members will consider all the information and the decision will be made in line with the set criteria stated on the ESF Guidance. |