

Special Schools and SEN Resourced Provision Retrospective Funding Claim Form

Important Note: Claims for retrospective funding must be submitted to the Education Officer (SEN) within 2 weeks of the beginning of the summer term.

School name:

DCFS Number:

Area:

Financial Year to which this claim relates: 2007/2008

Data

Place Numbers:

- i) September to March of the financial year to which this claim appertains
- ii) April to August of the financial year to which this claim appertains
- iii) Average Place Numbers (2/3 of (i), plus 1/3 of (ii))

Part 1 - To be completed by Headteachers

Actual number on roll on the Monday prior to a half term end, for the entire financial year

- 1.
- | Summer HT | Summer End | Autumn HT | Autumn End | Spring HT | Spring End |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please note that children below Year R count for their actual attendance up to a maximum of 0.5. Year R and above count as 1.0.

2. Number of children who were absent on the last Monday prior to a half term or term end and whose absence was for 5 or more consecutive weeks. The 5 weeks applies to any period spanning this last Monday.
- | Summer HT | Summer End | Autumn HT | Autumn End | Spring HT | Spring End |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

3. Relevant attendances for retrospective NOR adjustments. In each of the 6 boxes below, insert the numbers from paragraph 1, less those from paragraph 2.
- | Summer HT | Summer End | Autumn HT | Autumn End | Spring HT | Spring End |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

4. Average of Boxes in paragraph 3 above

Signature of Headteacher: _____ Date: _____

Part 2 - To be completed by Education Officer (SEN)

Claim agreed / Not agreed

If not agreed, date on which school told of non-agreement _____

If agreed, send to the School Funding team, Children's Services Department, Devolved Finance Unit, Ground Floor Ashburton Court East, Winchester, Hants. SO23 8UG

I have examined this claim, and am satisfied that this school is entitled to retrospective funding for _____ places

Signature: _____ Date: _____