**Please submit securely to** [**edu.exsfla@falkirk.gov.uk**](mailto:edu.exsfla@falkirk.gov.uk) **with the**

**subject line: ExSfLA Hours by the deadline of Fri 29th May 2020.**

Please note **Nursery and P1** applications will be accepted to **5th June 2020**

*All fields below are essential and must be completed or the application will be returned to referrer therefore at risk of missing deadline.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | Date of Birth: | | |  | |
| Address: |  | | | | | | | | | |
| School: |  | | | | Stage/Year Grp Aug 20:  (please indicate if deferred year at Nursery) | | |  | |
| Is this child looked after? | | Yes |  | No | |  | By Falkirk | | Y or N | |
|  | | Other Local Authority: | | | | | | |  | |

# Request

Exceptional Support for Learning Assistant (Grade D) hours requested:

|  |  |  |  |
| --- | --- | --- | --- |
| Number of hours |  | Number of weeks |  |

**Please state why the child’s additional support needs are exceptional.**

|  |
| --- |
|  |

# Evidence submitted:

|  |  |
| --- | --- |
| Joint planning and intervention by the Team Around the Child - Evaluated Form 4 |  |
| Joint consideration of proposal and request by the Team Around the Child - Form 6 |  |

# Person Submitting Request on behalf of school or TAC:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Named Person or |  |  | Name: |  |
| Lead Professional |  |  | Designation: |  |
|  |  |  | Contact details: |  |