**Appendix Two**

**Declaration/Confirmation of Outside Agency Involvement**

|  |  |
| --- | --- |
| **Information about Child/Young Person** | |
| First Name:  Family Name: | DOB: |
| **Information about the Outside Agency** | |
| Name: | Agency |

* There is no active involvement with \_\_\_\_\_\_\_\_ by any BCC SEND Services related to this current SEND Support Provision Plan
* If this is a renewed plan there was /was not involvement with any BCC SEND Services in the previous SEND Support Provision Plan
* There has been general consultation about the purpose of this plan, and I am satisfied that we have discussed/ seen evidence of Graduated Approach before signing
* I would recommend \_\_\_ Support Units required to deliver this provision/ I am unable to recommend the number of Support Units required to deliver this provision.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**