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| **PEPSA Impact Statement** | |
| **Name of Child/ Young Person:** |  |
| **DOB:** | **LCS No.:** |
| **Date of PEPSA allocation**: |  |
| **Amount allocated**: | £ |

**Reason additional funding applied for?**

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|  |

**How was the funding used?**

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**Outcomes/Impact (e.g. progress, attendance, wellbeing, behaviour) any wider learning**

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|  |

**Completed by: Date:**

**Designation: Telephone number:**

**Email:**