# Provision Map template

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| **Need** | **Additional strategies needed within the classroom (ordinarily available)** | | | | | | **Review/ Outcome** |
|  |  | | | | | |  |
| **Provision**  **resources**  *(e.g., intervention)* | **Delivered by** *(if applicable–TA, CT)* | **Session length** *(if applicable)* | **Group size** *(no. of CYP - if applicable)* | **Frequency per week** *(if applicable)* | **Duration of intervention** *(in weeks)* | **Associated cost**  *(per year)* | **Review/ Outcome** |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  | | | | | Total cost per year | |  |