

Education, Health and Care needs assessment Request Form for Educational Settings and Professionals

Part 1

Details of Child or Young Person

Family name:		Given names:	
Date of birth:		Gender:	
Child's main address: <i>(If parents live separately and the child/young person spends time living with both parents, the address must be the address where the child/young person lives for more than 50% of the time)</i>			
Email address or telephone number of young person (if over 16 and they wish to be contacted directly):		Ethnicity:	Choose an item.
Religion:		NHS number:	
Home Language:		Is an interpreter required?	
Is the child/young person a child in care?	Yes / No	If yes: Responsible Local Authority:	
Name of Social Worker:			
Contact details of Social Worker: Address Email Telephone			
Pupil UPN:			

Details of Child/Young Person's Parents/Carers (including anyone with parental responsibility)

1. Name:		Relationship to child/young person:		Does this person have parental responsibility?:	Yes/No
Has this person consented to this application?	Yes/No	If no please give reasons:			
Address of Parents/Carers (if different from child/young person):			Contact Details: Tel: Email:		
2. Name:		Relationship to child/young person:		Does this person have parental responsibility?:	Yes/No
Has this person consented to this application?	Yes/No	If no please give reasons:			
Address of Parents/Carers (if different from child/young person)			Contact Details: Tel: Email:		
Has consent to share and gather information at the end of this application been completed and signed by someone with parental responsibility?			Yes/No		

Are there any other adults with parental responsibility for this child/young person? <i>(If YES, please give details below).</i>	Yes/No
Name:	
Address:	
Contact details:	
Name:	
Address:	

Contact details:	

Do parents have any access issues e.g. disability, a literacy barrier?	Yes/No
If yes, please provide details of any reasonable adjustments that the LA will need to take into account to support the family through this process	

Part 2

Education Placement History

Previous School/Setting(s)	Start Date	End Date	% Attendance if known	Reason for the move
Name of Current School/Setting:			Start date:	
Type of setting:			Is the child/young person dual registered with another setting?	
Current Year Group:		Does the school receive Pupil Premium for this child?	Yes/No	If yes, please indicate amount received:
				£
School Attendance (include any Part time timetables):	%	Exclusions history: Please give details on type, length, reason and date		
Is the child/young person on a part time timetable?	Yes/No	If yes please give details including start date and hours:		
Is this child/young person registered or taught predominantly outside of his/her chronological year group?	Yes/No	If YES, please give details:		
If a preschool request please answer the questions in the boxes below:				
Does the child attend more than one setting?	Yes/No	How many hours is the child attending and what are the sessions?		

Is the child accessing 30 hours free childcare in nursery?	Yes/No		
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Part 3

Reasons for Request

Brief Summary of why the request is being made

In no more than 200 words please explain why you are making a referral for an EHC needs assessment. This should focus on a brief description of the needs of the child/young person and how an EHC plan would benefit them.

Part 4

Family views, wishes and aspirations

It is expected that Part 4 of the form will be completed by the professional completing the EHC needs assessment form through discussion with the parent/carer. Once information is placed on the form the parent/carer will need to sign it (part 14), to say that the information is correct and that they are happy for it to be distributed to the various professionals who will be involved in the EHC needs assessment.

Please refer to paragraph 5.3 in the guidance should a parent wish to work with an alternative professional to complete this part of the request form.

Name and contact details of professional working with the family to complete part 3:	Title:	
	Name:	
	Team:	
	Contact details:	

Please provide a description of your child now. *(Include what they enjoy, what and who is important to them and their strengths alongside any concerns. You may want to include details about their friendships and social skills, learning, independence and self-care, general behaviour and well-being). Also include how you support your child/young person; what is working for you; what isn't working well:*

What are your hopes and aspirations for the future? *(Include details about goals for the short and long term. Where appropriate, consideration should be given to a young person's aspiration for paid employment, independent living and community participation).*

What do you think is working well at the moment? *(Include details about what is happening in school or other educational setting, community activity, interests and clubs).*

Do you have any services supporting your family? *(i.e. Social Care, FYPS, Disabled Children's Team)*

Who else helps you? *(i.e. extended family, community groups, parent groups)*

Is there anything else you would like to tell us about your family?

Part 5

Child / Young Person's Voice – One Page Profile

About Me - My Views, Wishes and Feelings

Please gather what is important to the child or young person, what activities and hobbies they like, important people to them, what they don't like, how they feel about school, who helps them, their aspirations and goals, what helps them, what doesn't help them, what they can do to help themselves and what they would like to get better at using a one page profile.

You are able to attach this as a separate document rather than include it in the EHC needs assessment form if you prefer.

Please ensure any words which are direct quotes are placed in speech marks.

Describe the way in which the child or young person was consulted, how their views were initially recorded and by whom

See Appendix A in the Guidance document for further details about how to complete a one page profile, example templates and working examples.

What is important to me? (Please tell us about anything that you feel is important to you, any activities and hobbies you like and who the important people are in your life, this could be anyone including family and friends)

My Strengths – (What I am particularly good at, what my greatest achievements have been, what people admire about me)

(Describe the way in which the child or young person was consulted, how their views were initially recorded and by whom)

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Part 6

Indicator 1 - How would you best describe the Pupil's Special Educational Needs?

Please indicate the primary area of need using 1. Please then indicate any other areas of need in order of importance from 2 to 4, where appropriate (i.e. 1 = primary need, 2 = secondary need etc.). You do not need to rank an area of need that does not apply to the child / young person.

Cognition and Learning	Communication and Interaction	Social, Emotional and Mental Health	Physical / Sensory / Medical

Please provide more specificity by indication areas of need that apply, again using a ranking order with 1 showing the primary area of need.

Specific Learning Difficulties (SpLD)		Speech, Language and Communication (SLCN)		Hearing Impairment (HI)	
Moderate Learning Difficulty (MLD)		Social, Emotional and Mental Health (SEMH)		Visual Impairment (VI)	
Severe Learning Difficulty (SLD)		Autistic Spectrum Disorder (ASD)		Multi-Sensory Impairment (MSI)	
Profound & Multiple Learning Difficulty (PMLD)		Physical Disability (PD)		Other (specify)	

Are there any other known significant factors relating to their SEN? If YES, please attach copies of relevant information/advice

Health:	Yes/No
Home Circumstances:	Yes/No
Attendance:	Yes/No
Social Relationships:	Yes/No

Please provide a brief description of need (no longer than 500 words) about the nature, extent and context of the child or young person's special educational need and the impact on access to the curriculum.

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Part 7

Indicator 2 – The graduated approach

Please describe the support that has been put in place over time to meet the child or young person’s special educational need.

Please provide an explanation of the actions you have already taken to meet the child or young person’s special educational need. You need to include detail of when SEN support was first initiated and how many cycles of Assess, Plan, Do, Review (APDR) have happened.

*You can use the tables below to describe your APDR cycles or you are able to include recent (i.e. not older than 12 months) individual learner support plans/provision maps to evidence your graduated approach. Don’t forget these **must** show the child’s targets and be amended in light of previous cycles of APDR. The most recent individual learner support plans/provision maps **must** show evidence of how you have drawn on more specialist expertise from outside professionals.*

Please add or delete as many APDR cycles as appropriate. Please remember there is not a specified amount of cycles or a set timeframe before a request for an EHC assessment can be made, although in the majority of cases a number of successive cycles is expected.

Please fill in details for all broad areas of need even where the child has no needs as it’s important to acknowledge the child’s strengths.

How to fill out the APDR tables below:

Actions taken to meet needs:	For how long?	Impact:	What did you do next?
<i>This should include detail about what you are targeting and what intervention you put in place</i>	<i>When did this begin and when did it end?</i>	<i>How much progress did the child make compared to where they started?</i>	<i>What worked? What did not? Did you change targets or the intervention? Did you change the frequency of intervention? Did you seek more specialist input?</i>

Please comment on the current progress of the pupil, including details about their current learning needs, communication skills, social and emotional well-being and progress towards independence. It is important to identify strengths as well as needs.
 Action taken, plans for the next 12 months, strengths and needs. Please add copies of SEN support plan that show the Assess, Plan, Do, Review Graduated Approach.

Cognition and Learning

(This will include cognitive development, reasoning, organizational and problem solving skills, approaches and attitudes to learning, independent learning skills and academic skills)

Strengths:

-

Needs:

-

APDR cycle 1

Actions taken to meet needs:	For how long?	Impact:	What did you do next?
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APDR cycle 2

Actions taken to meet needs:	For how long?	Impact:	What did you do next?
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APDR cycle 3

Actions taken to meet needs:	For how long?	Impact:	What did you do next?
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APDR cycle 4

Actions taken to meet needs:	For how long?	Impact:	What did you do next?
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Communication and Interaction

(This will include information on Speech and Communication Skills, Articulation skills, fluency of speech, willingness to communicate, vocabulary, comprehension and language structure)

Strengths:

-

Needs:

-

APDR cycle 1

Actions taken to meet needs:

For how long?

Impact:

What did you do next?

APDR cycle 2

Actions taken to meet needs:

For how long?

Impact:

What did you do next?

APDR cycle 3

Actions taken to meet needs:

For how long?

Impact:

What did you do next?

APDR cycle 4

Actions taken to meet needs:

For how long?

Impact:

What did you do next?

Social, Emotional and Mental Health

(This will include social communication and interaction, classroom behavior, playground behavior, outside school behavior, self-image, confidence and motivation)

Strengths:

-

Needs:

-

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APDR cycle 1

Actions taken to meet needs:	For how long?	Impact:	What did you do next?

APDR cycle 2

Actions taken to meet needs:	For how long?	Impact:	What did you do next?

APDR cycle 3

Actions taken to meet needs:	For how long?	Impact:	What did you do next?

APDR cycle 4

Actions taken to meet needs:	For how long?	Impact:	What did you do next?

Sensory and/or Physical Needs
(This will include general health, fine and gross motor skills, vision, hearing and sensory needs)

Strengths:

-

Needs:

-

APDR cycle 1

Actions taken to meet needs:	For how long?	Impact:	What did you do next?
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APDR cycle 2

Actions taken to meet needs:	For how long?	Impact:	What did you do next?
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APDR cycle 3

Actions taken to meet needs:	For how long?	Impact:	What did you do next?
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APDR cycle 4

Actions taken to meet needs:	For how long?	Impact:	What did you do next?
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Self-Care and Independence (Including Preparation towards Adulthood)
 (This will include self-help and independence skills e.g toileting, hygiene, dressing, eating, independent travel)

Strengths:

-

Needs:

-

APDR cycle 1

Actions taken to meet needs:	For how long?	Impact:	What did you do next?
APDR cycle 2			
Actions taken to meet needs:	For how long?	Impact:	What did you do next?
APDR cycle 3			
Actions taken to meet needs:	For how long?	Impact:	What did you do next?
APDR cycle 4			
Actions taken to meet needs:	For how long?	Impact:	What did you do next?

Part 8

Indicator 3 – Use of external professionals

It is likely that you have already specified some outside agencies that have been involved with the child in part 7 when detailing your graduated approach. Please use the table below to specify all professionals that have been involved with the child or young person.

Previous and current support from outside agencies

Service	Name of professional and contact details	Date of visit, assessment or intervention	Outcome (e.g. advice, assessment, discharge)	Report submitted with application? If not why not?
Educational Psychology				
SENCo (including from previous recent setting, or any current dual registered setting)				
Social Care				
Paediatrician				
Speech & Language				
Physiotherapy				
Occupational Therapy				
Advisory Teacher/ Inclusion Support Service				
Virtual School (for CIC pupils only)				
CAMHS				
Other				

Please include a copy of any written feedback (within the last 12 months) that has been provided by those professionals.

Part 9

Indicator 4 – Provision

Current support provided

All mainstream schools, settings and colleges are provided with resources to support children/young people with additional needs, including pupils with SEN and disabilities and schools are expected to fund up to £6000 to support those with special educational needs (section 11, Schools and Early Years Finance Regulations, 2015) Please identify the provision made from the school / colleges delegated budget.

Type of provision with staff to pupil ratio (in class, small group, 1:1)	Objective of provision	Frequency and Duration	Delivered by	Start Date	Annual Cost
Annual Cost					

Additional support required

List what additional support is required over and above that already provided. These should be based on recommendations of the external professionals you have been working with during the graduated approach.

Type of provision with staff to pupil ratio (in class, small group, 1:1)	Objective of provision	Frequency and Duration	Recommended by which external professional?	Start Date	Predicted Annual Cost
Annual Cost					

*NB: Schools can include their own documentation (scanned provision map/spreadsheet etc.) to evidence the costed provision. This **must** show annual costs.

Part 10

Attainment data / progress over time

Please provide the child or young person's attainment data and how that compares to the expectation for children of the same age. Please use the most relevant table depending of the child/young person's age.

Early Years assessments - age 0 – 4 years (please delete section if not applicable):

Foundation Stage Profile of current levels of attainment – Development Matters Levels and/or Early Years Foundation Stage Profile results Emerging etc

EYFS aspect	Previous Attainment Level Date:	Previous Attainment Level Date:	Current Attainment Level Date:	If current attainment is below age expectations please give detailed comments.
<u>Communication and Interaction:</u> Speaking Listening and Attention Understanding				
<u>Cognition and Learning:</u> English Maths				
<u>Personal, Social and Emotional Development:</u> Self-confidence and Awareness Managing Feelings and Behaviour Making Relationships				
<u>Physical Development:</u> Moving and Handling Health and Self-care				
Where would a child of the same age be expected to attain and how far below is the child?				

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Resources made available through setting-based interventions

Additional staffing support	
Special equipment/aids or adaptations/resources used	
Liaison arrangements with parents and support services	

Details of APDR reviews at SEN support

Date SEN Support started	Dates of reviews at SEN support (Evidence of these reviews which form the graduated approach to be included as evidence)		

School attainments – Year 1 upwards (please delete section if not applicable):

Include P levels if working towards Level 1 emerging, developing, secure Predicted end of Year

Subject	On Entry Attainment Date:	Last Key Stage Attainment Date:	Current Attainment Date:	Comments. For example: please note if support was given;
Speaking and listening				
Reading				
Writing				
Phonics and or SPaG				
Maths				
Science				

Where would a child / young person of the same age be expected to attain and how far below are they?

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Post 16 courses (please delete section if not applicable):

Subject/name of course	Level being studied	Current assessment	Predicted	Comments

Qualifications achieved to date

(GCSEs, ASDAN, A levels, BTEC etc)

Qualification	Grade Achieved	Date Achieved

Level of Progress

Please provide details of **last 3 years' progress**, where you are able, and information with regards to the school's method of tracking progress.

You must explain your setting's tracking system as they are now all unique. You must show us the 'whole scale' and it must be clear how far behind the child / young person is, relating to the curriculum, compared to peers of the same age. Top tip: **Do not** state 'below age related expectation' as this does not specify how far below the child is performing in comparison to their peers.

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History of Test Data:

*Test data must be included in chronological order.
Standardised scores and percentiles must be given.*

Name of Test	Date	Age	Standardised Score	Age Equivalent	Percentile	Date	Age	Standardised Score	Age Equivalent	Percentile

**Part 11
Additional Information
Attendance data**

At least 3 years attendance data should be provided where available

Educational Setting	Dates (from – to)	Percentage attendance

Medical History:

Does the child/young person have a diagnosis or suspected diagnosis or any medical conditions e.g Asthma/Epilepsy/Hearing or Visual problems?
Do you have any concerns regarding the child/young person’s health?

Is he/she under the care of any hospital consultants? If so please give the consultant's name and the name of the hospital/clinic

Is the child/young person known to any other Health care professionals? If so please include the names of the people they sees and what they do.

Does the child/young person have a Health Care Plan? If yes please provide reasons for the Plan and provide a copy of the Health Care Plan with your evidence.

Is the child/young person on any medical treatment? Please give name, doses and times given.

Does the child/young person's health pose any risk to themselves or to others whilst in school? If so, what?

Is there any family medical history you would like to share?

Is there anything else you think we should know?

Social Care Needs

Please comment on the current social care needs, including the involvement of Social Care Professionals. If there is a SAFeh, CiN plan or CP plan in place please provide a copy where you have parental consent to do so.

Part 13

Setting declaration

- The contents of this referral have been shared with parents/carers
- All parts of this form have been completed in full

This form has been completed by:

Referrer

Name and Job title (<i>Please Print</i>)	Signature	Date

Head Teacher / Manager

Name and Job title (<i>Please Print</i>)	Signature	Date

SENCo (if not referrer)

Name (<i>Please Print</i>)	Signature	Date

Part 14

Parental/Carer consent

Please tick:

- I confirm that my child's educational setting has discussed this referral with me and I have been fully informed in the decision to refer.
- I have worked in partnership with the educational setting to help my child.
- I support the educational setting's view that an EHC needs assessment of my/our child should be considered.
- I agree to assessments by professionals as required. This may include a Community Children's doctor and representative from Children's Specialist Services (social care).

I am in agreement with the request for a needs assessment of my child/young person's special educational needs.

I understand that I will have an opportunity to provide further information about my child/young person's special educational needs as part of the needs assessment.

I give my consent for any necessary medical examinations and psychological assessment and will make my child available for these purposes.

I give consent for information to be shared between professionals within South Gloucestershire Council and with health professionals involved in my child's care for the purposes of needs assessment and, should an Education, Health and Care Plan be issued, for the purposes of ongoing review.

If a needs assessment takes place I agree with papers being shared with educational settings, schools and professionals as and when appropriate.

I understand that an Education, Health and Care plan will only be issued by the Local Authority in circumstances where the EHC needs assessment concludes that it is necessary for special educational needs provision to be made for a child or young person in accordance with an EHC plan.

I would like you to contact the following people who are currently involved with my CYP for advice as part of the EHC needs assessment. (The 0-25 Service will contact the Educational Psychology Service, Children's Social Services and the district Health Authority in all cases via the EHC needs assessment process):

Name/Organisation	Full Address	Telephone Number

Please detail here the name and contact details of others who share parental responsibility for the child/young person. We will need to contact them during the needs assessment process.

Name <i>(Please Print)</i>	Address including post code and Phone Number	Relationship

Name <i>(Please Print)</i>	Address including post code and Phone Number	Relationship

Please note: Where a parent is in the armed forces, the Department for Children, Adults and Health must seek advice from the Children’s Education Advisory Service (CEAS), part of the MOD’s Directorate for Children and Young People (DCYP), in respect of a Service child with special educational needs (SEN) for who the authority is initiating a needs assessment.

Parent(s) in the armed forces: **Yes/No**

I confirm that I have read and understood Sections 1 to 5

Parent/Carer

Name <i>(Please Print)</i>	Signature	Date

Parent/Carer

Name <i>(Please Print)</i>	Signature	Date

For young people aged 12 or over who are able to understand the process of consent

Young Person

Name <i>(Please Print)</i>	Signature	Date

Privacy Notice under the Data Protection Act (General Data Protection Regulations from 26th May 2018)

South Gloucestershire Council are collecting Personal Identifiable Information to enable the best possible advice and support to be provided and to meet the statutory requirements under the Children and Families Act 2014. We need to collect this information in order to consider your request for and Education, Health, Care needs assessment. This information is being processed under DPA – Schedule 2 (2a) (GDPR 2018 – Article 6 (1) b).

South Gloucestershire Council will not share any Personal Identifiable Information collected with external organisations unless required to do so by law. However, this information will be shared within South Gloucestershire Council and partner agencies (Department of Education, NHS, Schools/settings, and Early Years providers). For further details on the council's privacy arrangements please view the privacy page on the council's website page www.southglos.gov.uk

Please return this form electronically to: accessandresponse@southglos.gov.uk