

South Gloucestershire Council

0-25 SEND Team

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

This is an application form to request that South Gloucestershire Council conduct an Education, Health and Care needs assessment. (Chapter 9, SEND Code of Practice 2015)

CHECKLIST – please ensure that the following is provided:

- The views, hopes and aspirations of the child/young person, including a One Page Profile or Pupil Passport where possible;
- Parental consent to run an EHC needs assessment (see Part 12).
- Evidence that the parent/carer has been involved in the drawing up and reviewing of SEND support plans.
- SEND support plans to show the education setting's arrangements made to support the child/young person; this support must be additional to, and different from, what is ordinarily available through the differentiated curriculum for all pupils. To include:-
 - Evidence of Assess, Plan, Do, Review/ a graduated approach and impact to date;
 - Copies of Individual Education Plans for the pupil with records of regular reviews and their outcomes;
 - Evidence of baseline assessment – from which progress can be measured;
 - Curriculum attainments – results of National Curriculum assessments, literacy and numeracy levels etc;
 - Advisory professionals involvement, and evidence that their advice has been actioned over time and reviewed in the last year – including Educational Psychologists, specialist educational advisers, other agencies working in consultation with teachers e.g. speech and language therapist, with reports written within the last year.
- Medical history including an Individual Health Care Plan, where relevant.

Failure to provide appropriate documentation may result in unnecessary delays.

If you have any questions about completing this form please contact the 0-25 SEND team duty officer on 01454 865137.

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

Part 1 - Details of Child or Young Person

First name:		Surname:	
Date of birth:		Gender:	
Child's main address: <i>(If parents live separately 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.
Home Language:		Is an interpreter required?	
Is the child/young person a child in care?	Yes / No	If yes, responsible Local Authority:	
Name and contact details of Social Worker (if applicable):			
Pupil UPN:			

Part 2 - 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
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
Address of Parents/Carers (if different from child/young person)			Contact Details: Tel: Email:		

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, literacy, language 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	
Are any of the adults with parental responsibility for the child/young person currently serving in the Armed Forces? Please give name of parent/carer and details below:	
<p>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 whom the authority is initiating an EHC needs assessment.</p>	

Part 3- Education Placement History

Name of Current School/Setting: (if dual registered, please list both settings)		Start date:	
Previous School/Setting(s)	Start Date	End Date	% Attendance if known
			Reason for the move
If this is a pre-school request please answer these 4 questions in the boxes below:			
How many hours is the child attending and what are the sessions?		Is the child accessing 30 hours free childcare in nursery?	Yes/No
Have you received Inclusion Funding for this child?		Are you requesting Discretionary Funding for this child?	
Current Year Group:		Does the school receive Pupil Premium for this child?	Yes/No
			If yes, please indicate amount received: £

Is this child/young person registered or taught outside of his/her chronological year group?	Yes/No	If YES, please give details:	
School Attendance (include a copy of attendance register):	%	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 (include reintegration plan)	

Part 4 - Reasons for Request- *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 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/doesn’t help them, what they can do to help themselves and what they would like to get better at. You are able to attach this as a separate document rather than include it in the EHC needs assessment form. 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

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)

Part 6 - Family views, wishes and aspirations

It is expected that this part of the form will be completed by the setting professional through discussion with the parent/carer.

Please provide a description of your child/young person. (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).

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).

How you support your child/young person; what is working for you; what isn't working well (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 7 - Graduated approach – ASSESS

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

Please indicate the primary area of need below using the number '1'. Please then indicate any other areas of need in order of importance from 2 to 4, where appropriate. 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 indicating areas of need that apply, 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 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?

School age attainment levels – Year 1 upwards (please delete section if not applicable):

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? *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.*

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

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

Additional Information

Attendance data

If possible, a summary of last 3 years attendance data should be provided. Please attach a copy of their attendance certificate for the current year.

Educational Setting	Dates (from – to)	Percentage attendance

Exclusion data

If possible, a summary of last 3 years exclusion data should be provided.

Educational Setting	Number of exclusions and number of days lost	Additional comment

Summary 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. This section should include information about any inconsistencies in tests/assessment results, comment on the rate of progress and any factors which might have contributed to the progress made.*

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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 receiving 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?

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 8

Graduated Approach – PLAN, DO, REVIEW

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) child/young person SEN 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 SEN 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 over time is expected.

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? What was the impact of interventions put in place?</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>

Cognition and Learning. This will include evidence of cognitive development, reasoning, organizational and problem solving skills, approaches and attitudes to learning, independent learning skills and academic skills

Strengths:

-

Needs:

-

Please make sure that the description of strength and needs are in line with evidence provided in part 6 and attached reports

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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Communication and Interaction. This will include evidence of speech and communication skills, fluency of speech, willingness and/or ability to communicate, vocabulary, comprehension and language structure

Strengths:

-

Needs:

-

Please make sure that the description of strength and needs are in line with evidence provided in part 6 and attached reports

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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Social, Emotional and Mental Health This will include evidence of social, emotional responses, classroom behavior, playground behavior, self-image, confidence and motivation

Strengths:

-

Needs:

-

Please make sure that the description of strength and needs are in line with evidence provided in part 6 and attached reports

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?

Sensory and/or Physical Needs This will include general health, fine and gross motor skills, vision, hearing.

Strengths:

-

Needs:

-

Please make sure that the description of strength and needs are in line with evidence provided in part 6 and attached reports

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?

Self-Care and Independence (Including Preparation towards Adulthood). This will include evidence of self-help and independence skills e.g toileting, hygiene, dressing, eating, independent travel

Strengths:

-

Needs:

-

Please make sure that the description of strength and needs are in line with evidence provided in part 6 and attached reports

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?

Part 9 – Use of external professionals (previous or current) *Please use the table below to specify all professionals that have been involved with the child or young person.*

Service	Name of professional and contact details	Date of visit, assessment or intervention	Outcome (e.g. advice, assessment, discharge)	Report submitted? If not why not?
Educational Psychology				
Social Care				
Paediatrician				
Speech & Language				
Physiotherapy				
Occupational Therapy				
Advisory Teacher				
Virtual School				
CAMHS				
Other				

Part 10 – Summary of Support

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 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 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					

Other resources made available through setting-based interventions

Special equipment/aids or adaptations/resources used	
Other reasonable adjustments	
Liaison arrangements with parents and support services	

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 11 - 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 **SENDCO**:

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

This form has been agreed and signed off by **Head Teacher**:

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

Part 12- 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 make a request for an Education, Health and Care needs assessment.
- I support the educational setting's view that an EHC needs assessment of my/our child should be considered.
- 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 assessments, including psychological assessment by an Educational Psychologist, 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 contributing to an EHC needs assessment.
- I give consent for the Local Authority to request information about my child from outside agencies, including Health and Social Care services, for the purposes of contributing to an EHC needs assessment.
- If a needs assessment takes place I agree with papers being shared with educational settings, schools and professionals as and when appropriate.

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. In line with the SEND Code of Practice the 0-25 Service will contact the Educational Psychology Service, Children's Social Services and the district Health Authority in all cases:

Name/Organisation	Full Address/Email	Telephone Number

I confirm that I have read and understood all sections of the referral for an Education, Health and Care needs assessment

Parent/Carer

Name (Please Print)	Signature	Date

Parent/Carer

Name (Please Print)	Signature	Date

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

Name (Please Print)	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 an 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

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