

**Educational setting’s contribution to**

 **Education, Health and Care needs assessment**

**Appendix B**

The advice that you provide should reflect on your own particular area of expertise only.

Your advice and guidance will form part of the coordinated EHC Needs Assessment, which will be made available to parent carers and young people and may become part of a legal document.

Advice requested by the local authority **must** be provided within six weeks of the request and should be provided more quickly wherever possible, to enable a timely process (9.52, Code of Practice).

Notification:

In line with the principle underpinning the new code of Practice of ‘tell us once’ the local authority must not see advice if such advice already been provided. If the advice provided through your request for EHC needs assessment remains accurate and current, and parents/carers agree please indicate below

|  |  |
| --- | --- |
|  | Tick as appropriate  |
| **Please use all advice provided in the original request for EHCNA**. I confirm that this advice remains current and accurate and parents/carers agreed for this information to be sued for the purpose of the ECHNA. |  |
| **Please use the new advice provided in the Appendix B.**  |  |

If you have any questions about completing this form, please contact the EHC Co-ordination Team duty officer on 01454 865137.

Please return this form electronically via SOFIE to 0-25 Business Support, FAO Maureen Goodfield

**Setting declaration**

* The contents have been competed as part of a statutory Education, Health and Care needs assessment.
* The contents is based on professional evidence, assessments, observations and monitoring carried out by the educational setting

This form has been completed by **SENCO:**

|  |  |  |
| --- | --- | --- |
| Name and Job title (*Please Print)*  | Signature | Date |
|  |  |  |

This form has been agreed and signed off by **Setting Manager/Head Teacher / Principle:**

|  |  |  |
| --- | --- | --- |
| Name and Job title (*Please Print)* | Signature | Date |
|  |  |  |

**Part 1 - Details of Child or Young Person**

|  |  |  |  |
| --- | --- | --- | --- |
| **First name:** |  | **Surname:** |  |
| Date of birth: |  | Gender: |  |
| Child’s main address: *(If parents live separately the address must be the address where the child/young person lives for more than 50% of the time)* |  |
| 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: |  |
| 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: |  |

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

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| --- | --- |
| 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: |
| 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.  |

**Part 3- Education Placement History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Previous School/Setting(s) | Start Date | End Date | % Attendance if known | Reason for the move |
|  |  |  |  |  |
|  |  |  |  |  |
| Name of Current School/Setting: (if dual registered please list both settings)  |  | Start date: |  |
| If this is a preschool request, please answer the 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 |
| 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 - Child / Young Person’s Voice – One Page Profile**

**About Me - My Views, Wishes and Feelings**

|  |
| --- |
| Please gather child/young person’s voice:* Child/young person’s views can be gathered in different ways; this document provides guidance, but questions should be adapted to reflect child/young person’s age and specialist educational needs
* A separate Child/young persons views form can be submitted instead or in addition to this 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 5 - Family views, wishes and aspirations**

It is expected that during the statutory assessment process family views will be submitted directly by the family to the local authority. Parents have access to the Supportive Parents service to support and guide them through this process. Should the educational setting wish to add views expressed by parents please include them in this part of the form.

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**Part 6- Graduated approach – ASSESS**

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| **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. Please 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 |
|  |  |  |  |

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| --- |
| Please provide more specificity by indicating areas of need, 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) |       |

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| 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* ***(delete as appropriate).***

**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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EYFS aspect | Previous Attainment LevelDate: | Previous Attainment LevelDate: | Current Attainment LevelDate: | If current attainment is below age expectations please give detailed comments. |
| Communication and Interaction:SpeakingListening and AttentionUnderstanding |  |  |  |  |
| Cognition and Learning:EnglishMaths |  |  |  |  |
| Personal, Social and Emotional Development:Self-confidence and AwarenessManaging Feelings and BehaviourMaking Relationships |  |  |  |  |
| Physical Development:Moving and HandlingHealth 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 AttainmentDate: | Last Key Stage AttainmentDate: | Current AttainmentDate: | 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** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Summary of SEN:**

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| **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* |
| **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*  |
| **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*  |
| **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*  |

**Attendance data** *If possible, a summary of last 3 years attendance data should be provided. A copy of the current year attendance certificate must be attached*

|  |  |  |
| --- | --- | --- |
| 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  |
|  |  |  |
|  |  |  |
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**Summary of progress –** *Please provide a summary and an analysis of the rate of progress. This section should include information about any inconsistencies in tests/assessment results and any factors which might have contributed to the progress made.*

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**Part 8 – Summary of Support**

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| --- | --- | --- | --- | --- | --- |
| 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 |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Annual Cost |  |

**Other resources made available through setting-based interventions**

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| --- | --- |
| Special equipment/aids or adaptations/resources used |  |
| Other reasonable adjustments  |  |

**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 |  |

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