**South Gloucestershire Council**

**Education, Health and Care Plan 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 information is provided:**

* **Child/young person’s** views, hopes and aspirations.
* **Parent/carer** involvement in discussion supporting child/young person’s progress.
* **The education setting's** arrangements, which are additional to and different from what is ordinarily available through the differentiated curriculum for all pupils as detailed in :
  + Either the My Support Plan – 6.2- 6.3
  + OR Copies of your graduated approach documentation over 2 cycles which will include detailed review and outcomes. A costed provision map. Curriculum attainments – results of National Curriculum assessments, literacy and numeracy levels etc.
* **Advisory professionals’** involvement, reports and evidence that their advice has been actioned over time and reviewed – including Educational Psychologists, specialist educational advisers, teachers, speech and language therapists.
* Medical history where relevant, Individual Health Care Plan for children/young people with complex medical conditions.

Failure to provide appropriate documentation may result in unnecessary delays.

If you have any questions bout 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](mailto:accessandresponse@southglos.gov.uk)

**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: |  |

| 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 - 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.*

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**Part 5 - Child / Young Person’s Voice**

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

|  |
| --- |
| You are able to attach this as a separate document rather than include it as part of 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 6 - Family views, wishes and aspirations**

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

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| --- |
| 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 areas of need in order of importance from 1 to 4. 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 (DELETE AS APPROPRIATTE).***

**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. |
| --- | --- | --- | --- | --- |
| Communication and Interaction:  Speaking  Listening and Attention  Understanding |  |  |  |  |
| Cognition and Learning:  English  Maths |  |  |  |  |
| Personal, Social and Emotional Development:  Self-confidence and Awareness  Managing Feelings and Behaviour  Making Relationships |  |  |  |  |
| Physical Development:  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 Grades | Comments |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

**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** |
|  |  |  |  |  |  |  |  |  |  |  |
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**Summary of SEN:**

| **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* |
| **Communication and Interaction.** This area includes speech production, the understanding of language, the expression of language or a combination of all three. It also includes difficulties with the social use of language (verbal and non-verbal), processing speed, memory and ordering events. Children with a diagnosis of autism or **autistic spectrum disorders** have needs in this area. |
| 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. Please attach a copy of the current year attendance certificate*

| 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 educational 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.*

|  |
| --- |

**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 or health care professioinals? If so please give the consultant’s name and the name of the hospital/clinic |
|  |
| 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. |
|  |

**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 My Support plan/provision maps to evidence your graduated approach. The SEN support plans/provision maps* ***must*** *show evidence of how you have drawn on more specialist expertise from outside professionals.*

**How to fill out the APDR table below:**

| **Actions taken to meet needs:**    *This should include detail about what you are targeting and what intervention you put in place* | **For how long?**  *When did this begin and when did it end?* | **Impact:**  *How much progress did the child make compared to where they started?*  *What was the impact of interventions put in place?* | **What did you do next?**  *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?* |
| --- | --- | --- | --- |
| **ADPR cycle 1** | | | |
|  |  |  |  |
|  |  |  |  |
| **ADPR cycle 2** | | | |
|  |  |  |  |
|  |  |  |  |
| **ADPR cycle 3** | | | |
|  |  |  |  |
|  |  |  |  |

**Summary of Support currently provided -** *All educational settings 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). Educational settings can include their own documentation (scanned provision map/spreadsheet etc.) to evidence the costed provision. This* ***must*** *show annual costs*

| 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:**

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

**Additional support required** – *please specify additional support required over and above that already provided. This information should be based on recommendations of the external professionals and be relevant to the type and severity of SEN.*

| 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 | | | | |  |

**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 - 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 **SENCO:**

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

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

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

**Part 11- Parental/Carer consent**

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. In addition, 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.

|  |  |  |
| --- | --- | --- |
| **Name/Organisation** | **Full Address** | **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** |
| --- | --- | --- |
|  |  |  |

**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 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

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