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| **Request for an Education, Health & Care Assessment** |

**Please complete this form for all applications for an EHC assessment**

**If you need any guidance about completing this form then please contact the SEN Team on 0161 253 5969.**

**Please be aware that if you have not submitted all the relevant information, the form will be returned to you with advice on the relevant information you need to submit.**

**You can send this application through the post to the SEN Team, Ground Floor, 3 Knowsley Place, Duke Street, Bury BL9 0EJ or via a secure e-mail link to the senteam@bury.gov.uk**

**Please ensure that parents and the child/young person are aware that you are submitting this application.**

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| **Date Request for EHC Needs Assessment received by the SEN Team (Office use only)** |  |

**Personal details**

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| **Full Name:** |  | | | | | | | | **Educational Setting:** |  | | | | | | |
| **Child/Young Person’s Address:** |  | | | | | | | | **Date of admission:** |  | | **UPN:** | | |  | |
| **Date of Birth:** |  | | | **Year group:** | | |  | | **Gender:** |  | | | **Ethnicity** | |  | |
| **Religion:** |  | | | **Home Language:** | | |  | | **NHS No:** |  | | | **Name of GP Practice** | |  | |
| **Name of Parent/Carer** |  | | | | | | | | **Name of 2nd Parent/Carer** |  | | | | | | |
| **Relationship:** |  | | | | | | | | **Relationship:** |  | | | | | | |
| **Parents address (if different):** |  | | | | | | | | **Parents address (if different):** |  | | | | | | |
| **Is there any reason as to why we should not share information with either parent?** |  | | | | | | | | | | | | | | | |
| **Phone Numbers:** |  | | **E-mail address** | | |  | | | **Phone Numbers:** |  | | | **E-mail address** |  | | |
| **Who has parental responsibility?** |  | | | | | | | |  |  | | | | | | |
| **Do any of the following apply:** | **CYPIC** |  | | | **Child Protection** | | |  | **Child in Need** |  | **Family Support Plan** | | | | |  |
| **Name & contact details of social worker** |  | | | | | | | | **Name & contact details of lead professional** |  | | | | | | |

**Referral Details and consent**

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| **I confirm that I have discussed this referral with the parent(s)/carer(s) and the young person** | | | |
| **Name or referrer:** |  | **Position:** |  |
| **Date of referral:** |  | **Signature:** |  |

**Parental/young person’s consent:**

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| As part of the Education, Health and Care Needs Assessment the Local Authority will be requesting and sharing information with relevant professionals from within the Council and from Health Services. This will include Social Care Services, the Educational Psychology Service, the Community Paediatrician, Schools, Colleges and other relevant professionals. The information may also be shared with an organisation outside the European Economic Area who may be involved in drafting a plan. The Local Authority has ensured that the relevant security checks and protection of data is in place.  The purpose of sharing this information is to ensure that information can be gathered about your (young person) child’s (parent/carer) educational needs and any relevant health and care needs so that Agencies can determine and plan any additional support that might be needed.  This information will be stored on a number of databases on the Council’s and the NHS IT system. With your consent we will only share information if it is in your (young person) or your child’s (parent) best interests. The information will not be disclosed to a third party unless we are legally bound to do so, or there is a risk of serious harm.  You have a right to make a request to see any information that is stored about you (young person) or your child (parent/carer). | | | |
| I confirm that I understand and agree to the local Authority requesting and sharing information as part of this application. | | | |
| **Name of parent/carer:** |  | **Signature:** |  |
| **Date:** |  |  |  |
| If the young person has reached school leaving age then they should give consent | | | |
| **Name of young person:** |  | **Signature:** |  |
| **Date:** |  |  |  |

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| --- | --- |
| **One Page Profile** | |
| **Current Photo** | **What people like and admire about me** |
| **What is important to me** | |
| **How best to support me** | |
| **What are my hopes and dreams for the future** | |

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| **Summarise how you have involved the parent(s)/carer(s) and the child or young person in person centred planning and the impact of this on progress:** | | |
| **Actions** | **Outcomes** | **Date** |
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**Attendance & Exclusions**

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| --- | --- | --- | --- | --- | --- |
| **Name of educational setting** | **Academic year** | **Actual attendance**  **(No of sessions)** | **Percentage attended** | **No of days of exclusion** | **Permanent exclusion?** |
|  |  |  |  |  |  |
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|  | Current year |  |  |  |  |

**Special educational Needs/Disability**

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| --- | --- | --- | --- | --- |
|  | **Communication & Interaction** | **Cognition & Learning** | **Social, Emotional & Mental Health** | **Sensory and/or physical** |
| **Primary area of need:** |  |  |  |  |
| **Secondary area of need:** |  |  |  |  |

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| **Has any diagnosis been made? If so what is the diagnosis, who gave the diagnosis and on what date?**  **(Attach the letter of diagnosis to this application)** |
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| **Summary of the child’s/young person’s strengths and needs and how this impacts on their access to the curriculum and progress:** | | |
| **Strengths:** | | |
|  | | |
|  | **Needs** | **What impact does this have on their learning?** |
| **Communication & Interaction** |  |  |
| **Cognition & Learning** |  |  |
| **Social Emotional and Mental Health** |  |  |
| **Sensory and/or Physical Needs** |  |  |

**Additional Significant Factors that impact on the child/young person’s access to the curriculum and their progress.**

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|  | **Yes/No** | **If the answer is yes then summarise the relevant information and attach copies of relevant and up to date information/advice.** |
| **Health**  **(anything that has not already been described)** |  |  |
| **Social Care/Family Support**  **(TAF, CIN, CP, CYPIC)** |  |  |
| **Home circumstances**  **(e.g. are they are a young carer, traveller, adopted, from a service family)** |  |  |
| **Attendance**  **(Erratic attendance, medical appointments, involvement of School Attendance)** |  |  |
| **Other**  **(Please provide details)** |  |  |

**Assessment Data.**

**Early Years**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Early Learning Goals** | | | | | | | | | | | | | | | | | | |
| **Date** | **Age**  **Months** | **Communication & Interaction** | | | **Physical Development** | | **Personal, Social & Emotional** | | | **Literacy** | | **Maths** | | **Understanding the World** | | | **Expressive Art & Design** | |
|  |  | L | U | S | M & H | H & SC | SCA | MFB | MR | R | W | N | SSM | PC | TW | T | E | BI |
| **Baseline on entry** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Primary & Secondary**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Assessed** | **Year Group** | **Test/**  **Assessment** | **Phonics**  **Phase** | **Spelling Age** | **Speaking & Listening** | **Writing** | **Reading** | **Maths** | **Science** |
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**Key Stage 4 & Post 16**

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| **Study Programme/Subject** | **Qualification** | **Current Grade** | **Predicted Grade** | **Qualification Achieved** |
| English |  |  |  |  |
| Maths |  |  |  |  |
| Science |  |  |  |  |
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**Any other Attainment/Cognitive Standardised Tests**

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| **Name of Test** | **Date** | **Age at time of test** | **Age Equivalent** | **Standardised Score** | **Percentile** |
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**Current Support Arrangements**

**Assess, Plan, Do and Review**

This section should demonstrate the graduated approach and current support arrangements. Please detail your Assess Plan Do and Review cycles you have completed, whether you have sought specialist advice and the impact.

If this information is on your costed provision map, or on your ILP’s then please indicate on the form and attach them to your application. Please ensure that you demonstrate how you have incorporated any advice available from professionals into **your cycles.**

If you are applying under exceptional circumstances then you can go straight to the next page.

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| --- | --- | --- | --- | --- | --- |
| **Date of cycle** | **Assess**  Desired Outcomes agreed | **Plan**  Strategies/Interventions | **Do**  Frequency/Duration | **Do**  External Agencies Involved | **Review**  Outcomes met/partially met/not met |
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| **Exceptional Circumstances: Please give details as to why you are applying under exceptional circumstances.** | | | | | |
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| **Other professionals involved/Documentation to support the request** | | | |
| Please list details of attached reports/evidence from appropriate Services. Do not include any reports that are over 12 months old, unless they are a diagnosis. Reports must be on headed paper and signed. | | | |
| **Name and contact details** | **Service** | **Dates of involvement** | **Report attached?** |
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**SEND Guidance**

**Requesting an Education Health and Care Assessment**

**Appendix 1**

**Guidelines on the Evidence Required for an EHC Assessment**

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| **Evidence Required** | **Examples of type of documentation** |  |
| Signed consent from parents/person with parental responsibility or the young person (if they are beyond school leaving age and up to 25). | Application form which contains the consent form. This **must** be signed and parents/young person should know that this means that information will be shared with other relevant professionals. |  |
| Evidence of involvement of the parent and child/young person and the incorporation of their views in the provision made up to now. | Application form.  Parents/child’s/young person’s views forms.  Records from review meetings.  Person centred meetings.  ILP’s.  Chronology. |  |
| Summary and analysis of the child’s/young person’s areas of strengths and needs. | Application form.  A-P-D-R cycles  One page profile.  Individualised planning tools.  ILP’s. |  |
| Evidence of a graduated approach to identified need, how provision has been changed to match need and interventions and adjusted to evidence that advice has been sought (from education, health and social care professionals) and incorporated through the A-P-D-R cycles. | Cycles of A-P-D-R  Provision map.  Application form.  Chronology.  Reports from education, health and social care professionals. |  |
| Detailed evidence of interventions currently being provided, with reference to what, where, who, how long for, including the context of groupings and adult ratio/child during the intervention. | Provision map (pages 2 and 3), but please filter out other children’s names on sheet 3.  Application form.  Cycles of A-P-D-R.  ILP’s.  Timetables  Records from review/person centred meetings. |  |
| Detailed evidence of current levels of attainment using age appropriate measures with contextual information. This should include statutory and non-statutory assessments and progress checks in areas/subjects appropriate to the age of the child/young person. | Early years Outcomes.  EFYS Progress.  End of year assessments.  End of Key Stage assessments.  Accreditation and qualifications. |  |
| Detailed evidence of the rate of the rate of progress over time, as detailed above, but for previous years as appropriate given the age of the child/young person. | Early years Outcomes.  EFYS Progress.  End of year assessments.  End of Key Stage assessments.  Accreditation and qualifications |  |
| Evidence that the education provider have utilised their own resources (element 1 & 2 in schools) to implement the cycles of A-P-D-R and provide appropriate interventions and SEN Support Plus | Costed provision map. If using the Bury costed provision map please ensure you submit pages 2 & 3. |  |
| Evidence of the involvement and views of professionals with relevant specialist expertise outside the normal competence of the educational setting. | Cycles of A-P-D-R (evaluated and incorporating advice received)  ILP’s.  Provision map.  Chronology.  Records from meetings/reviews. |  |
| Written advice, where provided from external education professional if sought | Additional Needs Team, Sensory Needs Team, Behaviour Outreach reports.  Educational Psychology reports. |  |
| **Evidence Required from Health Services** | **Examples of type of documentation** |  |
| Evidence of the involvement and views of the health service professionals, where health needs have an impact on the educational needs of the child/young person.  These should **not** be requested unless the health professional is already involved. | Reports from Health professionals.  Examples:  Speech and Language Therapy reports;  Occupational Therapy reports;  Physiotherapy reports;  Healthy Young Minds reports;  Child Development reports;  Paediatrician/Consultant reports;  Schedule of Growing Skills;  Early Health check. |  |
| **Evidence Required from Social Care Services** | **Examples of type of documentation** |  |
| Evidence of the involvement and views of the social care professionals, where social care needs have an impact on the educational needs of the child/young person.  These should **not** be requested unless the social care professional is already involved. | Reports from social care professionals. Please only provide information that is relevant to the application and is not confidential.  Examples:  Core assessments;  Recent Team Around the Child meetings;  Recent Child in Need meetings;  Recent Child Protection reports;  Recent CYPIC meeting reports;  My Adult Care Assessment (MACA). |  |

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| **Important things to note:** |
| **Do** |
| Only send the application when you have all the relevant documentation. Ring the SEN Team if you are unsure. |
| Ensure the focus of your application is on the child’s strengths and needs (which will have incorporated the views and wishes of the child/young person and their parent), the provision you have put in place to meet these needs (including the costs) and the impact of the SEN provision. |
| Make sure that the reports you submit are no more than 12 months old and are on headed paper, signed and dated. The only exception to this is where there is a relevant diagnosis or longer term condition. |
| Summarise information where possible in a concise format. |
| Make sure all the cycles of A-P-D-R have been evaluated and reviewed (apart from the current one). |
| Ensure that you show how the cycles are linked to the needs of the child/young person and reflect any advice received. |
| Make sure that the cycles of A-P-D-R last no more than 12 weeks at the most. |
| The provision map is a crucial piece of information and you should:   * ensure you include page 2 & 3 of the provision map, but anonymise other children’s information; * evidence the educational provision put in place over the last **12 month** period. Do not predict how much provision may cost in the future; * remember to divide the cost by the number of pupils if in group intervention; * include the individual cost; * we would expect provision to change over the 12 month period to reflect the A-P-D-R cycles. |
| Keep copies of the information you have submitted. |
| **Do not include** |
| Behaviour incident logs or descriptions, photos of challenging behaviour. |
| Samples of children’s work. |
| Names of other children that can be used to identify them. |
| Minutes of all meetings, summarise meetings held and enclose relevant and up to date notes. Use a chronology or summary to record these. |
| Any recommendation for the type of setting that a child may need. |

**Appendix 2**

**Timeline for an EHC assessment**

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