**New request for an Education, Health and Care Needs Assessment**

**1. Details of Child/Young person**

| **Surname:** |       | **First Name(s):** |       |
| --- | --- | --- | --- |

| **Date of birth:** |  | **National Curriculum year group:** |       |
| --- | --- | --- | --- |
| **Ethnicity:** |  | **Out of phase:** | Yes ☐ NO |
| **First Language** (inc. British Sign Language)**:** |  | **NHS number:** | **UPN:****ULN *(if over 14)*:** |

| **Gender:** |  | **Child Looked After:** **Name of Local Authority:****Section:**  | Yes ☐ No ☐Section 20 ☐ Section 31 ☐ | **CP** ☐**CIN** ☐ |
| --- | --- | --- | --- | --- |

| **Address:** |  | **Postcode:** |       |
| --- | --- | --- | --- |

| **Current education setting:** |  |
| --- | --- |
| **Date of Admission:** |  |
| **Previous education setting:** |  |

***If you are a young person over the age of 16 making this request please provide us with your contact details below, if not please go to section 2***

| **Telephone number:** |       | **Mobile number:**  |       |
| --- | --- | --- | --- |
| **Email address:** |       |

**2. Details of the parents/carers with parental responsibilities**

| **Full names of parents/carers:** |       |
| --- | --- |
| **Address** *(if different from child/young person)***:** |       | **Postcode:** |       |

| **Telephone number:** |       | **Mobile number:**  |       |
| --- | --- | --- | --- |
| **Email address:** |       |

| **Full names of parents/carers:** |       |
| --- | --- |
| **Address** *(if different from child/young person)***:** |       | **Postcode:** |       |

| **Telephone number:** |       | **Mobile number:**  |       |
| --- | --- | --- | --- |
| **Email address:** |       |

| **Is either parent in the Armed Forces:** | Yes ☐ No ☐ | **If Yes provide details:** |
| --- | --- | --- |

**Who is requesting this assessment? *(Please tick)***

| **Parental request**  |  |
| --- | --- |
| **Young person request** |  |
| **School request** |  |
| **Other professional request** |  |

**Declaration**

**I would like you to consider carrying out a statutory assessment of my/my child’s special educational needs and I give you permission to contact my/my child’s school, health services, social care or other professionals as necessary and share relevant information.**

**Parent Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Print Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_

**Young Person Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Print Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_

**The panel cannot consider a request for statutory assessment unless the parent or young person have fully read the submission and have consented to the request.**

***TO BE COMPLETED BY PARENT or CARER***

**4. About the Child**

| **Background history of your child** |
| --- |
|       |

| **What do you think your child is good at and what do you think are some of the challenges they face?** |
| --- |
|       |

| **What do you think is working well in their current education setting? *(if applicable)*** |
| --- |
|       |
|  |
| **What do you think is not working well in their current education setting? *(if applicable)*** |
|       |

| **What are your aspirations for your child and how do you think an EHCP will support your child in their placement?** |
| --- |
|  |

***TO BE COMPLETED BY THE CHILD or YOUNG PERSON***

**5. About You**

| **Things I like about me, Things others like about me, What I am good at, Things I like.**  | **Things I dislike.** |
| --- | --- |
|  |  |

| **What works well?** | **What doesn’t work well?** |
| --- | --- |
|  |  |

| **How I need to be supported to be heard, understood and stay safe and well?** |
| --- |
|  |

| **My aspirations and goals for the future** |
| --- |
|  |

**Professional Involvement (to be completed by the person making the request)**

**Please list all professionals that are currently or have been recently working with the Child/Young person and attach any relevant report:**

| **External professionals involved/referrals** |
| --- |
| **Agency:** | **Name:** | **Date of last involvement:** | **Report attached****(Yes or No)** |
| **Advisory Teacher/Outreach Worker** |       |       | Yes ☐ No ☐ |
| **Medical Specialist**   |       |       | Yes ☐ No ☐ |
| **Speech and Language Therapist**    |       |       | Yes ☐ No ☐ |
| **Occupational Therapist**     |       |       | Yes ☐ No ☐ |
| **Physiotherapist** |  |  | Yes ☐ No ☐ |
| **Educational Psychologist** |  |  | Yes ☐ No ☐ |
| **Social Worker** |  |  | Yes ☐ No ☐ |
| **Family Worker** |  |  | Yes ☐ No ☐ |
| **Other** *(Please specify)* |  |  | Yes ☐ No ☐ |

***TO BE COMPLETED BY THE PROFESSIONAL making the request***

| **Name of person making this request**  |       |
| --- | --- |
| **Name of organisation** |            |

| **Job title/relationship to child/young person:** |       |
| --- | --- |
| **Child/Young Person’s UPN (if at school):** |  |

| **Telephone number:** |       | **Mobile number:**  |       |
| --- | --- | --- | --- |
| **Email address:** |       |

| **Date identified as needing SEN support** |  |
| --- | --- |
| **How would you summarise the child / young person’s area(s) of need?****Evidence of need and support provided must be included with submission.** |
| **AREA OF S.E.N.** | **CATEGORIES OF SEN****Please refer to SEN Code of Practice (2014)** | **Primary Need****Tick ONE only** | **Additional Needs** |
| **Cognition & Learning** | **Specific Learning Difficulties** |  |  |
| **Moderate Learning Difficulties** |  |  |
| **Severe Learning Difficulties** |  |  |
| **Profound and Multiple Learning Difficulties** |  |  |
| **Communication & Interaction** | **Speech Language and Communication needs** |  |  |
| **Autistic Spectrum Disorder** |  |  |
| **Social, Emotional & Mental Health** | **Social, Emotional & Mental Health** |  |  |
| **Sensory and/or Physical** | **Hearing Impairment** |  |  |
| **Visual Impairment** |  |  |
| **Multi-sensory Impairment (i.e. vision & hearing)** |  |  |
| **Physical Disability** |  |  |
| **Medical condition (Other)** | **Medical condition affecting education** |  |  |

| **Section 1 - Early Years Foundation Stage 0 - 5 years** |
| --- |
| If child is currently in Foundation Stage provide teacher assessments linked to age phase of Development Matters – Early Years Foundation Stage. Insert whether beginning/developing/secure within the age phase e.g. Beginning 16 – 26 months or Secure 22- 36 months etc. for each area of learning listed.If child has been profiled at the end of the Foundation Stage insert whether achieved Emerging; Expected or Exceeding for each Early Learning Goal. |
| **Prime Areas of learning** | **Baseline assessment****Date:****Chronological Age:**  | **Mid-term assessment****Date:****Chronological Age:** | **Current assessment****Date:****Chronological Age:** | **Foundation Stage Profile Result****(End of Foundation Stage 2)****Date:** |
| **Listening & Attention** |  |  |  |  |
| **Understanding** |  |  |  |  |
| **Speaking** |  |  |  |  |
| **Moving and Handling** |  |  |  |  |
| **Health & Self-Care** |  |  |  |  |
| **Self-Confidence** |  |  |  |  |
| **Feelings and Behaviour** |  |  |  |  |
| **Relationships** |  |  |  |  |
| **Reading** |  |  |  |  |
| **Writing** |  |  |  |  |
| **Numbers** |  |  |  |  |
| **Shape** |  |  |  |  |
| If the child has been assessed using any other tools please insert details below. For example Every Child a Talker; British Ability Scales (BAS): Early Years Core Scale (by Educational Psychologist) |

| **Section 2 - National Curriculum/ P Scales** |
| --- |
| **Date assessed** | **Year group** | **TA or SATS** | **SPAG** | **Reading** | **Writing** | **Maths** | **Science** |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |       |

| **Section 3 - Result of reading, spelling or other assessments** |
| --- |
| **Test used:** | **Date:** | **Result:** |
| *Reading age, spelling age, CATS*     |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

| Is the child/young person making expecting progress? | Yes | No |
| --- | --- | --- |
| If not, how many months/years are behind? |  |

| **Section 4 - Professional’s views of needs of the child/young person** |
| --- |
| **Communication and Interactio****n** |
| *Please list below strengths identified in this area* | *Please list below difficulties identified in this area*     |
|  |  |

| **Cognition and Learning** |
| --- |
| *Please list below strengths identified in this area* | *Please list below difficulties identified in this area* |
|  |  |

| **Social Emotional and Mental Health** |  |
| --- | --- |
| *Please list below strengths identified in this area* | *Please list below difficulties identified in this area* |
|  |  |

| **Sensory/Physical** |
| --- |
| *Please list below strengths identified in this area* | *Please list below difficulties identified in this area* |
|  |  |

| **Section 5 - What have you done to address the needs in the section above?** |
| --- |
| *You can use a reviewed provision map or IEPs or complete the box below.* |
|      **Provision** | **RAG Rating** | **Comment on impact** |
|  |  |  |

| **Section 6 – Reasons for making request** |
| --- |
| *Please explain the particular circumstances that led you to making an application at this time and please explain what could be done differently if an Education, Health and Care plan were to be issued:* |
|  |

| **Section 7 - Supporting Evidence** |
| --- |

Ensure you have attached the following evidence and tick to indicate that it has been included :

Evidence should be based on current need and include only relevant information gathered during the most recent 6 – 12 months*(reports more than 18 – 24 months old are unlikely to be helpful). Referrals to other agencies should not be included.*

☐ Individual timetable

☐ Costed Provision Map

☐ Relevant reports from external specialist(s) which indicate the degree and complexity of difficulties. *(A medical report is required for any child whom the request is being made on* *grounds of a medical diagnosis and its impact on the child’s learning and access as well as follow-up therapy reports as appropriate).*

☐ Any other relevant specific and objective up to date information about the child’s attainments and social development, including information about the child’s attendance where relevant. This can include end of year progress reports and IEPs.

☐ Pastoral/Behavioural support plan (where appropriate)

**In order for the panel to consider a request for statutory assessment it is recommended that this form is fully completed and includes relevant attachments.**

Please return this form to the SEND team via Email: cypds@achievingforchildren.org.uk

**Education, Health and Care Plans (SEND) Team**

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