

**London Borough of Tower Hamlets**

**School request for an Education Health and Care Needs Assessment**

**Revised 2022**

Please complete sections this form in detail, **in co-production with the family and child,** in sufficient detail to provide a full picture of the child’s needs. We will use this information to help us decide whether to proceed with an EHC needs assessment. If we agree to carry out an EHC needs assessment this information is essential.

To be used by Schools, Early Years Settings and Post 16 Settings.

**Once this form has been completed, please send it with all attached documentation to**

[**SEN.Requests@towerhamlets.gov.uk**](mailto:SEN.Requests@towerhamlets.gov.uk)

1. **Contact Information**

|  |  |  |
| --- | --- | --- |
| **Child** | | |
| **First name** | |  |
| **Surname** | |  |
| **Address** | |  |
| **Date of birth** | |  |
| **Gender** | |  |
| **Telephone** | *home* |  |
| *mobile* |  |
| **E mail address** | |  |
| **Ethnicity** | |  |
| **Home language** | |  |
| **Unique Pupil Number** | |  |
| **NHS Number** | |  |
| **Parent / carer** | | |
| **First name** | |  |
| **Surname** | |  |
| **Address**  *(if different from above)* | |  |
| **Telephone** | *home* |  |
| *mobile* |  |
| **E mail address** | |  |
| **Relationship to child** | |  |
| **First language** | |  |
| **Interpreter required?** | |  |
| **Parent / carer (if a 2nd person has parental responsibility)** | | |
| **First name** | |  |
| **Surname** | |  |
| **Address**  *(if different from above)* | |  |
| **Telephone** | *home* |  |
| *mobile* |  |
| **E mail address** | |  |
| **Relationship to child** | |  |
| **First language** | |  |
| **Interpreter required?** | |  |

|  |  |
| --- | --- |
| **Current educational setting / school / college** | |
| **Name** |  |
| **Address**  *(if different from above)* |  |
| **Telephone** |  |
| **E mail address** |  |
| **Lead professional at the setting/ school (name &role)** |  |
| **Date the child started** |  |
| **Any previous education setting(s) attended** |  |

1. **Consent for an EHC needs assessment**

Parent / carer

I agree with this request for an education, health and care needs assessment of my child’s special educational needs and disability being made by the education setting and am happy for it to be submitted to the London Borough of Tower Hamlets.

As part of the application process, I / We agree for information relating to the assessment to be shared with all relevant services and partner agencies (including health services and/or the local authority social care service) that are involved, to facilitate decision-making.

I / we am aware that examinations and assessments are required as part of the statutory assessment process for special educational needs and disabilities under Part 3 of the Children & Families Act 2014. This may include a medical examination of my child.

I / we agree to the sharing of any information obtained with all services and partner agencies involved. Any exceptions to this are listed in the section below.

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

*The person(s) signing this consent form should either have parental responsibility of the child to whom this consent relates or the young person themselves, if aged over 16 and has sufficient understanding.*

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| --- |
| **Tell us about any team/agency you would prefer for us not to share your information with** |
|  |
| **Please tell us here if there is anything else you want us to know that is particular to you and your family in relation to information sharing.** |
|  |

Head teacher / Principal / Setting manager

Our school / college / early years setting has made every effort to address this child’s / young person’s special educational needs or disabilities, which I believe to be of a nature, severity and complexity that meet the Council’s threshold for statutory Education, Health and Care needs assessment. I also understand if this request is agreed the information included will be regarded as statutory assessment advice.

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

1. **B. Strengths and Needs**

Please describe the strengths and needs of the child/young person. **Please state how the needs impact on the child/young person’s learning/attainment.** You may want to make reference to professional reports. Please only complete the Needs sections for the areas in which the child has Special Educational Needs, you do not need to complete all sections in regards to needs, however please complete strengths for all sections.

|  |
| --- |
| **Main area(s) of Special Educational Need:** |
| **Communication and Interaction**  **Strengths:**  **Needs:** |
| **Cognition and Learning**  **Strengths:**  **Needs:** |
| **Social, Emotional and Mental Health**  **Strengths:**  **Needs:** |
| **Sensory and Physical**  **Strengths:**  **Needs:** |
| **Self-Help and Independence/Preparing for Adulthood**  **Strengths:**  **Needs:** |

**Progress and Achievement**

Please provide details of attendance, attainment and progress over time. For children in early year’s settings it may not be possible to provide attendance or progress over 3 full terms. If this is the case, please state how long a period is covered.

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| --- | --- | --- |
|  | **%** | **Dates covered** |
| **Attendance (min 3 terms)** |  |  |

**Please provide information on the child’s development in the EYFS and state which non statutory guidance is being used to inform these judgements. Any information you can provide on where the child is in terms of their development in relation to expected progress would assist the SEN panel.**

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| **Details of any EYFS assessment** *including 2 year old Progress Check if information is available.* |
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**School-age children**

Include assessment information (e.g. age-related bands, P-levels or similar) that demonstrates current attainment levels and progress over time.

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| --- | --- | --- | --- |
|  | **Current Level** | **Last Year’s Level** | **Previous Year’s Level** |
| **English** |  |  |  |
| **Maths** |  |  |  |
| **Science** |  |  |  |
| **Other curriculum subjects** |  |  |  |
|  |  |  |  |
| **Any screening tests completed** |  |  |  |

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| **Details of assessment system(s) used.** *Please explain how the levels relate to age/ stage* |
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**Please attach at least 3 cycles worth of IEPs/SEN Support Plans as part of evidencing Assess, Plan, Review, Do, including the implementation of any involvement from an Educational Psychologist and any other invovled professionals.**

**Alternatively, complete Tower Hamlets Assess Plan Review Do Template. If this cannot be provided please explain why in the box below.**

|  |
| --- |
| **Reasons for lack of Assess, Plan, Do, Review evidence.** *You may want to also discuss this with a member of SEN team management* |
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| **Educational Services the child/YP is known to:** |
| *E.g. Educational Psychology, Learning Advisory Service, Behaviour and Attendance Support Service etc.* ***Please attach relevant reports.*** |

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| **C. Health Needs** |
| Please tick all of the following services the child is currently accessing/is known to:  SLT 🞎  OT 🞎  PT 🞎  CAMHS 🞎  ASDAS 🞎  Paediatrician 🞎  Continuing Care Nursing Team 🞎  Audiology 🞎  Ophthalmology 🞎  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Please attach relevant health reports.*** |

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| **D. Social Care Needs** |
| Please tick all of the following support categories that apply:  TAC 🞎  LAC 🞎  CIN 🞎  CP 🞎  Adoption/fostering 🞎  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of social worker or team known to:  ***Please attach relevant social care reports/plans.*** |

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| **Generally, any other context or information you feel is important for SEN panel to know:** |
|  |

**F. Education provision mapping** *(essential)*

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| --- | --- | --- | --- |
| **Areas of need** | **Provision** | **Staffing and Frequency** | **Cost per term** |
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|  |  | Cost per annum: |  |

**4. Information and Advice**

Please list and provide any supporting documentation by scanning, attaching and returning it with this completed form. To assist with cross checking please reference documents with the corresponding reference number.

Please note that a request for an EHC needs assessment cannot be considered until all the documentation listed has been received; any incomplete requests will be returned to the school / college / setting.

|  |  |  |  |
| --- | --- | --- | --- |
| **Ref** | **Document name** | **Date** | **No of pages** |
|  | Parental and Child/Young person’s Views Form |  |  |
|  | Evidence of attainment, interventions and child’s progress -- usually SEN Support Plans and reviews. ***(required)*** |  |  |
|  | Educational psychologist report ***(recommended)*** |  |  |
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| **5. Checklist for EHC Needs Assessment Request**  **Please do not send:**   * Reports more than 12 months old * Copies of emails * Incident logs * Examples of the child’s work * Documents in colour * Documents on A3 /A5.   **Please ensure:**   * Photographs have written consent * Attached reports have numbered pages and are listed in section 4. | Please tick to confirm | For office use only |
| All sections of the EHC needs assessment request form are complete in full |  |  |
| Any other specialists’ advice that is relevant to the child / young person's learning and development are attached and listed in section 4. |  |  |
| A copy of the most recent report from an educational psychologist employed or commissioned by the local authority is attached and listed in section 4 |  |  |
| Section 2 of the Request Form is signed by the Headteacher / Principal |  |  |
| Section 2 of the Request Form is signed by the parent/ carer (or young person if they are able to make their own request) |  |  |
|  |  |  |

**This request form will be returned as incomplete if any of the documents listed are not included**

**Or if it is not signed by all relevant parties.**

**Once this form has been completed, please send it with all attached documentation to**

[**SEN.Requests@towerhamlets.gov.uk**](mailto:SEN.Requests@towerhamlets.gov.uk)

**Special Educational Needs and Disabilities Privacy Notice**

**Data Controller and Purpose**

This privacy notice applies to you (“the service user”) and the London Borough of Tower Hamlets (“the Council”). The Council takes the privacy of your information very seriously. This privacy notice applies to the Council’s use of any and all of the data provided by you or collected by the Council in relation to your use of this service. It is important that you understand that sometimes we will need to share your data with other agencies where necessary or appropriate and by engaging with our service you understand that that your data may be shared.

The information you provide will be used by the London Borough of Tower Hamlets’ Special Educational Needs and Disabilities Service, to process your personal data and special category data. London Borough of Tower Hamlets will provide services internally, except in the instances where organisations provide services (such as, though not exclusively, schools/Health and voluntary sector) where this will be a joint service and your data will be controlled jointly by all services involved.

What sort of information we are collecting:

* Application form
* Referral
* Medical advice
* Social care advice
* Assessments

We process your data in accordance with the General Data Protection Regulation (GDPR) and if you have any concerns the Council’s Data Protection Officer can be contacted on [DPO@towerhamlets.gov.uk](mailto:DPO@towerhamlets.gov.uk)

**Condition For Processing Personal Data**

It is necessary for us to process your personal data such as name, address, contact details, under GDPR Article 6:

6(1)(a) consent

6(1)(c) compliance with a legal obligation

And more personal data such as health, personal and household circumstances and Special Category Data under GDPR Article 9:

9(2)(h) preventative or occupational medicine, working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or management

9(2)(j) archiving in the public interest, or scientific and historical research purposes or statistical purposes

Additional legislation that apply:

Sections 70-75 of the Children and Families Act 2014, together with sections 28, 31, and 77

The National Health Service Act 2006

The Equality Act 2010

Section 2 of the Chronically Sick and Disabled Persons Act 1970

Section 17 of the Children Act 1989

Section 39A of the Crime and Disorder Act 1998

Section 562B of the Education Act 1996

A delay in you providing the information requested may result in a delay in providing appropriate services.

**How long do we keep your information?**

We will only hold your information for as long as is required by law and to provide you with the necessary services. This is likely to be for 35 years after the file is closed. For further details, you can view our Retention Schedule.

We may also anonymise some personal data you provide to us to ensure that you cannot be identified and use this for statistical analysis of data to allow the Council to effectively target and plan the provision of services.

**Information sharing**

Your personal information may be shared with internal departments or with external partners and agencies involved in delivering services on our behalf. As stated above this will include Ofsted, Department for Education, other Council services, Health Organisations, Schools and services provided by the voluntary sector

The council has a duty to protect public funds and may use personal information and data-matching techniques to detect and prevent fraud, and ensure public money is targeted and spent in the most appropriate and cost-effective way. Information may be shared with internal services and external bodies like the Audit Commission, Department for Work and Pensions, other local authorities, HM Revenue and Customs, and the Police. This activity is carried out under Article 9(2)(b) of the GDPR, under social protection law.

**Automated decision making and Profiling**

The service will process some of the data by computer and may therefore make automated decisions on your case. You can ask for this to be explained to you, please see the ‘your rights’ link below] [We may also to some degree use the data to build a profile for you regarding service provision and priority.

**Your Rights**

You can find out more about your rights on our Data Protection Page on the Council’s website and this includes details of your rights about automated decisions, such as the ranking of Housing Applications, and how to complain to the Information Commissioner.

You have the right to make a complaint at any point if you are not satisfied with our responses to your requests. You can do this in writing to:

Complaints  
Town Hall  
Mulberry Place  
5 Clove Crescent  
London E14 2BG.

Email: [complaints@towerhamlets.gov.uk](mailto:complaints@towerhamlets.gov.uk)

For more information please contact the Parents Advice Centre