**Further education college and training provider request for an education, health and care needs assessment**

This request is made in accordance with section 36 of the Children and Families Act 2014.

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| If there is a safeguarding concern please refer to:**Kingston**Single Point of Access Team on 020 8547 5008(020 8770 5000 for out of hours/weekends)**Richmond**Single Point of Access Team on 020 8891 7969(020 8770 5000 for out of hours/weekends) |

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| **Please indicate whether this form is a request, or is advice** | Request |  |
| Advice |  |

**Young person’s details**

|  |  |
| --- | --- |
| **Name** |  |
| **Current address** |  |
| **Previous address** |  |
| **Contact number** |  |
| **Date of birth** |  |
| **Setting, school or college** |  |
| **Date started** |  |
| **National Curriculum year group** |  |
| **If behind chronological year group, please state number of years** |  |

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| --- | --- |
| **Gender** |  |
| **Ethnicity** |  |
| **Language** |  |
| **Religion** |  |

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| **Is this young person looked after?** |  |
| **Is this young person the subject of a child protection plan?** |  |
| **Full Care Order, Interim Care Order or Section 20** |  |
| **Name of social worker** |  |
| **Social worker contact details** |  |

**Referrer’s details**

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| --- | --- |
| **Name of referrer** |  |
| **Position or role** |  |
| **Contact address** |  |
| **Preferred contact** |  |
| **Other contact details** | **Home:** **Work:** **Mobile:** **Email:** |

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| **Which authority will be responsible for funding?** |  |

**Consent**

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| **Have you informed the parent/carer and/or the young person you are making this referral?** | Yes/No |
| **Do you have verbal consent for this referral?** | Yes/No |
| **If yes from whom?** |  |
| **Do you have written consent for this referral?** | Yes/No |
| **If yes from whom?** |  |
| **Young person’s signature** |  |
| **Consent has been given to share with:** **Education professionals** | Yes/No |
|  **Health professionals** | Yes/No |
|  **Social care professionals** | Yes/No |

**Parents’ or carers’ details**

|  |  |  |
| --- | --- | --- |
| **Name of parents or carers who have parental responsibility** |  |  |
| **Addresses** |  |  |
| **Preferred contact** |  |  |
| **Other contact details** | Home:Work:Mobile: Email: | Home:Work:Mobile: Email: |

**Additional information about this young person**

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| **Household members** | **Relationship to young person** | **DoB** **(if under 18)** | **School or preschool** |
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| **Other significant adults** | **Relationship to young person** | **Address** | **Parental responsibility?** |
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| **GP name** |  |
| **GP address** |  |
| **Does the young person have a diagnosis?** |  |
| **If Yes please provide details** |  |

Which other services or agencies are already involved? Please provide names, contact details, period of involvement and most recent contact.

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| --- | --- |
| **Professional, service, agency** |  |
| **Phone and email** |  |
| **Support provided** |  |
| **Period of involvement** |  |
| **Most recent contact** |  |
| **Report attached** |  |

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| --- | --- |
| **Professional, service, agency** |  |
| **Phone and email** |  |
| **Support provided** |  |
| **Period of involvement** |  |
| **Most recent contact** |  |
| **Report attached** |  |

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| --- | --- |
| **Professional, service, agency** |  |
| **Phone and email** |  |
| **Support provided** |  |
| **Period of involvement** |  |
| **Most recent contact** |  |
| **Report attached** |  |

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| --- | --- |
| **Professional, service, agency** |  |
| **Phone and email** |  |
| **Support provided** |  |
| **Period of involvement** |  |
| **Most recent contact** |  |
| **Report attached** |  |

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| --- | --- |
| **Professional, service, agency** |  |
| **Phone and email** |  |
| **Support provided** |  |
| **Period of involvement** |  |
| **Most recent contact** |  |
| **Report attached** |  |

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| **Professional, service, agency** |  |
| **Phone and email** |  |
| **Support provided** |  |
| **Period of involvement** |  |
| **Most recent contact** |  |
| **Report attached** |  |

**Education**

Previous schools or educational settings attended:

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| --- | --- |
| **Name of educational setting** | **Dates attended** |
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Please give details of recent attendance record (over last three terms including current term)

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| **Term** | **Percentage attendance** |
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Please provide details of any factors which impact on attendance eg, medical appointments, proximity of educational setting, etc.

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Details of any exclusions:

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| --- | --- | --- |
| **Date of exclusion** | **No. of days** | **Reason for exclusion** |
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**Levels of attainment**

**Key Stages 3, 4 and 5**

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| --- | --- | --- | --- | --- |
| **Attainment** | **English** | **Maths** | **Science** | **PSHCE** |
| Year 7 |  |  |  |  |
| Year 8 |  |  |  |  |
| Year 9 |  |  |  |  |
| Year 10 |  |  |  |  |
| Year 11 |  |  |  |  |
| Year 12 |  |  |  |  |
| Year 13 |  |  |  |  |
| Year 14 |  |  |  |  |

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| **Please describe briefly how you measure attainment levels (or attach documentation)** |
|  |

**For further education providers** –

* Please attach details of the nature and level of the student’s current programme of study and progress over time.
* Please include details of the pre FE provision.
* Please include details of length of course

Please confirm what you consider to be the progress in the last year:

|  |  |
| --- | --- |
| **Better than expected progress** |  |
| **Expected progress** |  |
| **Less than expected progress** |  |

**Provision Map**

Please note, for pupils with special educational needs (SEN) at maintained mainstream schools, you must demonstrate how you have used your delegated budget to enable you to support this pupil’s needs, (up to the cost threshold of £6,000 per pupil per year i.e. the notional budget).

For young people attending colleges you must demonstrate how you have used your core funding to enable you to support this young person’s, (up to the cost threshold of £11,000 per pupil per year)

All costings should be based on 1:1 equivalent support; therefore if the young person has been in a group with 2 others, the time should be divided by 3. This is true unless the group only exists to support the pupil with SEN (eg group with good role models and pupil with SEN).

To do this **either** complete this part of the form **or** append with this Request for a Needs Assessment your own provision map and costings – but you must ensure that the same information is covered as is contained in this part of the form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provision/Resource** | **Staff/Student Ratio** | **Staff Involved** | **Time (weekly)** | **Actual Cost****(weekly)** | **Actual Cost****(Annual x 38 weeks)** |
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| **Total number of hours 1:1 or equivalent support:**  | **Total cost:****£** |

**Impact of Current Interventions:**

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| --- | --- | --- | --- |
| **Intervention** | **Impact** | **Evidence** | **Outcome/action** |
|  |  |  |  |
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***Proposed additional support***

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| **Provision/Resource** | **Staff/Student ratio** | **Staff involved** | **Time (weekly)** | **Actual cost****(weekly)** | **Annual Time/Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  | ***Total time:******Total cost = £*** |

**Aspirations**

Please detail x’s aspirations here

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**Special educational needs**

* Please identify the learner’s special educational needs and for each need describe the learner’s current level of functioning (to include both strengths and weaknesses).
* Please give details of the learner’s progress to date.
* Please suggest main long-term objectives and outcomes for each identified special educational need. (Long term would mean looking ahead to independent living and employment or similar)

Please remember there needs to be a link to X’s aspirations and their outcomes

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| --- |
|  **Further or Higher Education and/or Employment** |
| Strengths: |
| Special educational needs: |
| Outcomes*
 |

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|  **Independence and Independent Living** |
| Strengths: |
| Special educational needs: |
| Outcomes*
 |

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| --- |
|  **Community and Friendships** |
| Strengths: |
| Special educational needs: |
| Outcomes*
 |

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| --- |
|  **Maintaining Good Health** |
| Strengths: |
| Special educational needs: |
| Outcomes*
 |

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| --- | --- |
| **The following information is attached (please tick all that apply)** | If the information is not attached, please indicate why this is: |
| Minutes from multi-agency meetings |  |  |
| Reports from involved workers |  |  |
| Copies of current provision map with costings (if not completed in this form) |  |  |
| Details of the nature and level of the student’s current programme of study and progress  |  |  |
| Details of length of course |  |  |
| Details of pre FE provision |  |  |
| Copies of recent reviews |  |  |
| Parents’ views |  |  |
| Young person’s views |  |  |
| Draft Section A of EHCP (EHC-A1 or EHC-A2) |  |  |
| Most recent annual school or college report |  |  |
| Educational psychologist’s report |  |  |
| Minutes of other meetings with those involved |  |  |

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| **Other information attached (please specify)** |
|  |

Please return this form, together with any attachments, to the AfC SEN Team:

|  |  |  |
| --- | --- | --- |
|  | **Kingston** | **Richmond** |
| **Email** | sen-rbk@achievingforchildren.org.uk | sen-lbr@achievingforchildren.org.uk |
| **Telephone** | 020 8891 7262 | 020 8891 7541 / 020 8891 7591 |
| **Address** | 42 York StreetTwickenhamTW1 3BZ |