

# DETAILED GUIDANCE ON COMPLETING THE EHCP FORM

## General guidance



- A good quality education, health and care plan will contain a 'golden thread' (in the words of the Department for Education) that connects the aspirations of the child or young person (or the aspirations of the family for the child) with their needs, provision and outcomes.
- The first person (I/me) should only be used if the young person is writing Section A for themselves and is using their own words. Where Section A is written on behalf of the child or young person, the third person (he/she) must always be used. Plans should make clear where the child's voice is being directly quoted.
- Decisions about the content of EHCP must be made collaboratively with children, young people and their parents, however the EHCP is ultimately drafted and finalised by the local authority (Achieving for Children). Professionals must check what information families are happy to share and with whom. This information should be recorded. Professionals gathering information will have followed protocols to ensure that parents and young people are happy for information to be shared with the professionals and to be included in the plan.
- Some children and young people may communicate in ways that are very personal to them, hence the box in section A labelled 'How I communicate and express my views'. It's important that this is noted, whether the communication is sign language or perhaps a particular behaviour (for example, removing themselves from a stressful situation).
- For some children and young people it may be necessary to work with them to understand how their best hopes and dreams relate to educational goals and outcomes using techniques and resources to support this. It may also be necessary to engage some children or young people in an activity rather than directly interview them. There are however some children for whom it will not be possible for them to contribute directly and in this case their parents, carers or a named support will need to write Section A on their behalf.
- Pictures, videos and photos can be added in Section A. It is not necessary to fill in all the boxes, only what feels relevant and important.
- During the needs assessment process the draft EHCP document is referred to as an assessment summary as the decision has not been taken formally to issue an education, health and care plan. (Sometimes the local authority decides at the end of the needs assessment process that the child's or young person's needs can be met through the Local Offer and/or provision available through the educational placement. In this case feedback is issued rather than an EHCP.)
- Language used in the report should be clear, concise and jargon free. The use of technical terms should be explained or qualified.
- Where sections are not applicable to the child or young person, they should not be left blank. Use a positive statement rather than omission for example 'There are no identified needs at present.' Sections should never be deleted.
- The most up-to-date templates for the EHCP are available through the Local Offer website. Use electronic versions of forms wherever possible as the boxes can then expand to the size needed for the amount of text that the family, young person or EHCP coordinator wishes to include

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## Quality criteria

The quality criteria from the Department of Education specify that a good EHCP:

- meets the Requirements of the Act, Regulations and Code of Practice
- describes positively what child or young person can do
- is clear, concise, understandable and accessible
- is co-produced (with family and/or young person)
- sets good, relevant outcomes
- tells the child or young person's story well and coherently

In the appendices there is a more detailed Department for Education quality assurance checklist for EHCPs that may be helpful.

## Some Definitions\*

<b>What's an aspiration?</b>	A hope or ambition of achieving something	For example, to be independent, be healthy, gain employment, go to college
<b>What's an outcome?</b>	The benefit or difference made to an individual as a result of an intervention. It should be personal and not expressed from a service perspective	To be able to travel independently, on foot and by public transport, in and around Enfield, by the time I'm 19
<b>Personal versus service outcome?</b>	Focused on the individual and not based around professional jargon	For example, I want to be able to talk to my friends... Not: To increase expressive language...
<b>What's a need?</b>	The barriers preventing them from doing something a neuro typical peer of the same age could do.... (It's not the diagnosis or label, but the needs that arise from this)	Self-help: unable to feed themselves Learning difficulties: unable to retain or hold information
<b>What's provision?</b>	The action of providing or supplying something... a resource	Getting support from a service, or a resource like Physio, an Ipad, or equipment
<b>What's a target?</b>	A goal to be achieved in less than 12 months which helps the young person work towards their outcomes and would sit in the school plan not an EHCP	By the end of next term, Joe can count to 10 and understand what 1 – 10 means

\* Provided by the DfE, Created and developed by Fazilla Amide, Change Management and Training Consultant on behalf of the London Borough of Enfield

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## Detailed guide to completing sections A-K

The EHCP form is split into two parts for ease of completion, section A (All about me) and sections B-K (the rest of the plan). Once section A has been filled in by the parents, child or young person, it MUST be pasted into the main document B-K as all sections belong together,

There are a number of forms that are relevant to completing an EHCP

Form	Description
<b>EHC-A</b> Section A	Section A form – to be completed by the child or young person and their parents
<b>EHC1</b> EHCP form B-K (up to Year 9)	EHCP Form sections B-K for use for new EHCPs for children up to Year 9
<b>EHC-PFA</b> Additional categories for preparing for adulthood	Additional preparing for adulthood categories for sections B, E and F to be added into existing EHCPs from Year 9/10
<b>EHC2</b> EHCP Form B-K from Year 10	EHCP Form sections B-K for use for new EHCPs for children from Year 10

The sections in these notes appear in the order A, B, E, F, C, G, D, H1&H2, I, J as this is the order in which they appear in the form itself. The sections names are defined by the Code of Practice and cannot be changed, however Kingston and Richmond have decided that the form is easier to complete when sections are arranged in the order shown here.

The EHCP coordinator has overall responsibility for creating the assessment summary, which may lead to a draft EHCP or to feedback. The information will come from a range of sources – as indicated in the table. Usually the reports coming from professionals and the school will be submitted in such a way that enables the EHCP coordinator to use reports to form the EHCP draft.

The EHCP coordinator will draft the assessment summary so that the aspirations, barriers to learning or special educational needs, provision and outcomes are clearly linked. This will be visually presented in a table format with numbers linking them. Please see the appendices for examples.

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Section	Who provides the info?	Notes
<b>SECTION A: All about the child or young person (Form EHC-A1 or EHC-A2)</b>		
<p><b>Section A:</b> The views, interests and aspirations of the child and their parents, or the young person</p>	<p>to be completed by the child or young person and their parents .</p> <p>As far as possible the views of the child or young person should be sought for inclusion in this section</p> <p>Some children and young people's views and feelings will need to be gathered through time spent with the child or young person and close observation of their responses, reactions, moods and behaviours by someone who knows them well. The parent or carer should then write this section on their behalf.</p>	<p>Section A is not statutory or appealable in the sense that a child or young person's aspirations cannot be challenged by law – however, Section A must be included within an EHCP. Aspirations are the start of the golden thread that should run through the plan and underpin the remaining sections B-K.</p> <p>The first part of the form is to be used to communicate the views of the child or young person.</p> <p>There is a separate box at the end of the form where the parents or carers can add any additional information that they feel is important from their point of view</p> <p>It is worth remembering that the information will be read by professionals who work on the EHCP and supporting the child or young person, so it is worth keeping the text a manageable length if possible.</p> <p>Include the following as appropriate (or other information that you believe to be relevant):</p> <p><b>Hopes, dreams and ambitions</b></p> <ul style="list-style-type: none"> <li>• Their aspirations or goals for the future or next stage of education if more appropriate. Can include education, work, social life, independence etc. this is particularly important as it is part of the “golden thread” linking aspirations to needs, provision and outcomes.</li> </ul> <p><b>All about me now</b></p> <ul style="list-style-type: none"> <li>• Their likes, dislikes, interests</li> <li>• Their friendships</li> <li>• Important people in their life</li> <li>• Things that are important to them</li> <li>• What people like and admire about them</li> </ul> <p><b>Life so far</b></p> <ul style="list-style-type: none"> <li>• A summary of the child's or young person's medical and educational history</li> <li>• Significant events that have happened (good or bad)</li> <li>• Things they need support with</li> <li>• People who support them</li> </ul> <p>There is also space to record how the child or young person communicates so that their views can be best included in the plan.</p> <p>Finally, there is space to record how section A was written (for example, was it written directly by the young person, was it written by the parents on behalf of the child, or some combination of the two).</p>

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## SECTION B, E & F: Summary or special educational needs (SEN) and strengths, outcomes being sought and the provision to meet the SEN and to achieve the outcomes

<p><b>Section B:</b> Summary of strengths and barriers to learning and special educational needs (SEN)</p>	<p>Provided by professionals and the school, coordinated by the EHCP coordinator in the SEN team. The child and their parents or young person may also provide input to this section</p>	<p>Section B is statutory. It is important that this section is completed correctly and comprehensively (<u>all</u> of the child or young person's special educational needs are recorded) as this is the section upon which provision to meet the special educational needs will be based.</p> <p>The strengths and special educational needs should be listed in the categories defined in the Code of Practice:</p> <ol style="list-style-type: none"> <li>1. Communication and interaction</li> <li>2. Cognition and learning</li> <li>3. Social, emotional and mental health</li> <li>4. Sensory and physical needs</li> </ol> <p>Not every child will have needs in all four areas.</p> <p>For children in Year 9 or 10 and above, the strengths and special educational needs should be defined according to the 'preparing for Adulthood' categories (use form <b>EHC-2</b> or <b>EHC-PFA</b>).</p> <p>These are:</p> <ol style="list-style-type: none"> <li>1. Further or higher education and/or employment</li> <li>2. Independence and independent living</li> <li>3. Community and friendships</li> <li>4. Maintaining good health</li> </ol> <p>These categories are important as they start to orient planning for the child around the needs, outcomes and provision that are most appropriate in preparing them for adulthood. The needs and provision that are listed may be very similar to those that would be listed under the earlier categories, but using these categories may well highlight gaps or identify different priorities in terms of provision.</p> <p>See the end of this chapter for more information on how the Code of Practice school age categories might map onto the Preparing for Adulthood Categories.</p> <p>This section is for needs not diagnoses or provision. The key is to be clear about what special educational needs the child has as a result of their diagnosis. (Needs are likely to be individual where a diagnosis is often generic).</p> <p>The content of this section should be evidenced by the professional advice attached in Section K (advice and information). SEN may include needs for health and social care provision that are treated as special educational provision because they educate or train a child or young person.</p>
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		<p>When describing strengths, ensure that these are described in a positive way and there are no 'buts' or statements that make the strength sound negative. Be realistic about strengths.</p> <p>Each and every SEN must be specified whether it is to be provided for by the school, further education college, the local authority, the health service or any other provider.</p> <p>If the child needs health or social care provision that educates or trains the child or young person then the need for that provision must be specified in this section.</p> <p>If the same broad area of need requires more than one type of provision (for example, physical difficulties may require both physio and occupational therapy), it must be split into more than one need, such as gross motor difficulties, fine motor difficulties.</p> <p>If there are contradictory views in advice given the EHCP coordinator needs review the contributions. It may be necessary to quote the source of information for example "Name reported to EP that... and to physio that..." Where views do contradict, both should be included.</p> <p>Section B can be appealed at tribunal.</p>
<p><b>Brief description of the link between aspirations and outcomes</b></p>	<p>This should be discussed at the assessment summary review meeting and documented</p>	<p>This box is included to ensure that when documenting outcomes, these link back in some way to the aspirations that the child or young person has articulated in section A. This is the so-called 'Golden Thread'. Rather than repeating the aspirations here this box is a prompt to think about how they link and to briefly describe this.</p>
<p><b>Section E:</b> The outcomes sought for the child or young person (including outcomes for life)</p>	<p>Section E outcomes will be discussed at the assessment summary review meeting and it is the responsibility of the lead professional to ensure that these are completed to a high standard. Professionals from health, education and social care should all be providing input around possible outcomes during the drafting process</p>	<p>EHCPs use outcomes to describe a child or young person's path to their aspirations.</p> <p>Outcomes are a description of the benefit or difference made to an individual as a result of an intervention. Outcomes are not a description of provision or services. Outcomes should be challenging and be based on high expectations of what a child or young person can achieve. Outcomes should be written in a way that helps children and young people towards the achievement of their aspirations. The plan should be clear how SMART (specific, measurable, agreed upon, realistic and time-based) outcomes link to longer term aspirations.</p> <p>It is recommended that there are no more than 6-8 Outcomes listed in section E as if there are more the plan starts to become unmanageable.</p> <p>Outcomes may be about maintaining rather than achieving (for example, maintaining ability to walk with a frame, rather than becoming able to walk unaided).</p>

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		<p>Outcomes can be joint or overarching – so that more than one type of provision contributes to achieving it (such as being able to concentrate to the end of each 40 minute lesson may require provision by occupational therapists, medication from health professionals and adapted teaching from the school).</p> <p>Outcomes should cover a range of timescales. The advice is that medium term outcomes should focus on the end of the next key stage for the child (for example, by end of primary school, by end of Year 9) however there may be variance to this.</p> <p>For young people, post-16, it is particularly important to draft clear outcomes to carefully plan for that young person's transition into adulthood and the various pathways within them. Clear consideration has to be given for young people or their parents who wish to remain in education post-19 and what outcome they aim to achieve. For young people up to 25, an EHCP may be maintained under certain conditions if there are outcomes that have not been met and the young person requires more time to meet those outcomes (and continues to make progress towards them)</p> <p>See the appendices for more detail on writing good outcomes</p>
<p><b>Section F:</b> The special educational provision required by the child or the young person</p>	<p>Must be provided by the professionals in written guidance, particularly from education, but with input from health and social care where the provision is relevant to the outcomes defined in section E. The SEN case officer (or lead professional) will take the information in the professional guidance to complete section F)</p>	<p>Section F is statutory and it is essential that this contains a detailed and specific description of provision and should normally be quantified, for example, in terms of the type, hours and frequency of support and level of expertise, including where the support is secured through a personal budget.</p> <p><b>Provision should be specified for every need defined in section B.</b> Provision should relate to achieving outcomes, which is why the two sections are side by side.</p> <p>This section must specify the special educational provision necessary to meet each and every SEN of the child or young person; it details appropriate provision for each identified SEN and quantifies that provision as necessary.</p> <p>To show the link between the needs defined in section B and the provision defined in section F a numbering system should be used so that it is clear which provision links to which need.</p> <p>For example need (Section B): difficulty with fine motor skills and writing (1.1) Provision (Section F) : OT programme, developed by health OT, delivered by TA for 15 minutes each morning (1.1)</p> <p>In section F you must specify WHO will be responsible for the provision (for example, school, health professional, teaching assistant).</p> <p>Provision should be described in such a way as to</p>

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		<p>leave no room for doubt about what is to be provided, by whom, and how it will be delivered.</p> <p>The following phrases should, as far as possible, be avoided 'would benefit from', 'would be helpful if', 'should have access to', Rather, use phrases such as 'will receive' or 'requires'. Similarly, avoid terminology such as 'regular'.</p> <p>The frequency and, if appropriate, duration of provision should be defined. There are times however when professionals will need to leave some flexibility for professional judgement in implementation – so it is not always possible to specify exactly how much time will be spent doing exactly what activity with what frequency, however the provision being as specific as possible. The local authority will not be able to define provision any more definitively than what is specified in the advice and reports from professionals – so the onus is on professionals to be as clear and specific as possible.</p> <p>Where programmes are to be delivered, the EHCP should specify who is going to devise the programme, who will deliver it and who will monitor. It should also make provision for training the individuals delivering the provision if they are different from the individuals devising (such as a speech and language intervention devised by a speech and language therapist, but delivered by a teaching assistant).</p> <p>Section F of the plan should also specify:</p> <ul style="list-style-type: none"> <li>• any appropriate facilities and equipment, staffing arrangements and curriculum</li> <li>• any appropriate modifications to the application of the National Curriculum, where relevant</li> <li>• any appropriate exclusions from the application of the National Curriculum or the course being studied in a post-16 setting, in detail, and the provision which it is proposed to substitute for any such exclusions in order to maintain a balanced and broadly based curriculum</li> <li>• where there is a personal budget, the outcomes to which it is intended to contribute (detail of the arrangements for a Personal Budget, including any direct payment must be included in the plan and these should be set out in section J).</li> </ul> <p>Therapies or other health interventions which educate or train a child or young person must be specified in this section and may also appear in section G &amp; H. For instance, where occupational therapy is required for educational activities, (for example, to enable stable sitting at a desk or gripping pens, manipulating objects, etc) the provision must appear in this section. A useful test: if the provision was not delivered would the child or young person still be able to receive education and/or training on a par with those without SEN/disabilities? If this is in doubt then the provision must be included as special educational provision.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• speech and language therapy</li> </ul>
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		<ul style="list-style-type: none"> <li>· occupational therapy.</li> </ul> <p>Case law has established that speech and language therapy is normally special educational provision and therefore recorded in section F.</p> <p>For more examples of health needs, outcomes and provision see the appendices.</p> <p>This section can be challenged through tribunal</p>
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### SECTION C & G: Health needs in addition to anything listed in Section B and health provision to meet them

<p><b>Section C:</b> The child or young person's health care needs which relate to their SEN</p>	<p>Should be provided by health care professionals or by the EHCP coordinator on the basis of reports by health care professionals</p>	<p>Concerns needs for health care. Educational needs arising from health issues are listed in section B.</p> <p>The EHCP must specify any health needs identified through the EHC needs assessment that relate to the child or young person's SEN.</p> <p>Some children and young person with SEN may need to use other health professionals, for example dentists, trained for people with SEND for their dental or other health needs. Parents should try to ensure that these needs at least feed into the needs assessments and could be specified in section C.</p> <p>If the child or young person has other health needs that are not related to the SEN then these should also be included in the section unless there is a good reason not to include them.</p> <p>Remember – as in section B – it is important to list the child's health needs (individual), not just their diagnosis (often generic).</p>
<p><b>Section G:</b> Health Provision</p>	<p>Should be provided by the health professionals – based on the health advice form. Some health advice may be submitted in a different format (for example, a letter regarding diagnosis or treatment from a specialist hospital consultant). In some cases therapists or other members of the health team supporting the child will be able to collect this into the EHCP, in other cases the EHCP coordinator will need to make sure that this happens.</p>	<p>Contains information on health provision that is required over and above any health provision which is required to educate or train the child or young person.</p> <p>Any health provision that is required to meet a child or young person's special educational needs should be recorded on the form in section F, although it should be clearly specified that a health professional provides it. Provision detailed in Section F is statutory and can be challenged through the SEN mediation and tribunal services.</p> <p>Section G would normally include health provision at home (for example, physiotherapy service or equipment provided in the home), or medical provision not directly related to the child's SEN (such as asthma treatment).</p> <p>Health provision specified in section G is enforceable through normal health channels (healthwatch, PALS) rather than through SEND tribunal (although this is under review).</p>

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<b>SECTIONS D &amp; H: Social care needs and provision</b>		
<p><b>Section D:</b> The child or young person's social care needs</p>	<p>Section D will be provided by a member of the social care team (social worker or family support team member).</p>	<p>Social Care needs can be met through a number of universal services. It does not always necessitate that a social care assessment would be required.</p> <p>Where there is no social work involvement so far, consideration should be given as part of the planning for the assessment whether an assessment would be beneficial. As part of the EHC planning process a social care assessment may be initiated. A decision on whether this is needed should be taken at the initial review meeting when the needs assessment request is discussed.</p> <p>The EHCP must specify any social care needs identified through the EHC needs assessment which relate to the child or young person's SEN, or which require provision for a child or young person under 18.</p> <p>If a social care assessment is requested this may result in a Child in Need plan which will be created and managed by the Social Work team. If details from this plan are to be included in the EHCP the parents must give their consent.</p> <p>Other social care needs which are not linked to the child's or young person's SEN may also be specified in this section.</p> <p>It is also helpful to identify social care needs that can be met from universal or local offer provision (for example, social interaction provided through attending Brownies)</p>
<p><b>Section H1:</b> Any social care provision which must be made for a child/ young person under 18 resulting from Section 2 of the Chronically Sick &amp; Disabled persons Act 1970 (CSDPA)</p>	<p>Section H will be provided by the social work team (social worker or family support team member)</p>	<p>Sections H1 and H2 are split because they refer to social care provision which is provided under different legal frameworks. H1 only applies to children and young people under 18 (as over-18s are not covered by the Chronically Sick and Disabled Persons Act)</p> <p>Any social care needs identified in D should have provision defined here.</p>
<p><b>Section H2:</b> Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN</p>		<p>Any social care provision for over-18s should be recorded here (as they are not covered under the CSDP Act from H1).</p> <p>Additional social care provision from local offer or universal provision may also be specified here, such as access to netball club.</p>

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<b>Level of funding to meet needs identified in plan</b>	This will be filled in by the EHCP coordinator in the SEN Team, based on the provision detailed in sections F and is simply there to make the funding cost of the plan more visible.	This shows the cost of funding the support specified in the EHCP for mainstream settings. For schools the funding cost is split between the delegated funding held by the school, and the top-up amount funded by the local authority through the EHCP.
<b>Section I: Placement</b>		<p>This should ALWAYS be left blank on the draft EHCP. This will be filled in once the placement has been requested by the family or young person and a response has been received from the relevant educational institution</p> <p>The authority must name the educational institution requested unless they believe that the child or young person's attendance would:</p> <ul style="list-style-type: none"> <li>· not meet their special educational needs</li> <li>· be incompatible with the efficient education of others</li> <li>· be incompatible with the efficient use of resources</li> </ul>
<b>Section J: Personal Budget</b>		This need be completed only where the local authority has agreed to issue a personal budget. See the section on personal budgets for more details.
<b>Section K: Appendices</b>		<p>This section includes and lists, all the advice and information gathered during the EHC needs assessment. It should contain all evidence submitted by the parents or young person.</p> <p>The final parts of the EHCP are: arrangements for review and key transition points.</p> <p>The arrangements for review detail the next review date for the EHCP – this must take place within a year of the date of the final EHCP (within six months for a child under 5 years old).</p> <p>The key transition points are usually from nursery to primary school, primary to secondary school, secondary school on to college, higher education, apprenticeships and employment.</p>

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## Code of Practice Categories: Guidance on mapping Early Years / School Age Categories to Preparing for Adulthood Categories

The Code of Practice specifies 4 areas, which should be used to define the child's needs and consequently their provision.

These areas are:

1. Communication and interaction
2. Cognition and learning
3. Social, emotional and mental health
4. Sensory and physical needs

Not every child will have needs in all four areas.

As the child gets closer to the age of 16 it becomes increasingly important to consider how best to prepare for that child or young person for adulthood, and therefore the Code of Practice mandates that needs and provision be considered through a slightly different lens, that of the 4 "Preparing for Adulthood" areas. These are:

1. Further or higher education and/or employment
2. Independence and independent living
3. Community and friendships
4. Maintaining good health

These categories are important as they start to orient planning for the child / young person around the needs, outcomes and provision that are most appropriate in preparing them for adulthood. Since it is expected that in year 10 the EHCP is reorganised around these categories we have created some guidance around how the information in the early years and school age categories could relate to the preparing for adulthood categories. This is of course not comprehensive – and will depend on the specific outcomes, needs and provision for each individual – but may provide a useful starting point

<b>PfA Category</b>	<b>Early Years /School Age category</b>	<b>Explanation</b>
Further or higher education and/or employment	Cognition and learning	In this area you would expect to see outcomes relating to school or college qualifications or levels of achievement. By the time you are thinking about PfA it is helpful to start to articulate how those levels of academic (or vocational) achievement could start to map into either further or high education or some sort of path to employment
Independence and independent living	Sensory and physical needs	In order to achieve independent living (or as independent as is appropriate for that individual) it will be necessary to manage any physical or sensory needs, perhaps relating to an adapted home environment, additional personal care support, equipment etc.
Community and Friendships	Communication and interaction	This may be an area which is not fully addressed in a school age EHCP – however outcomes, needs and provision relating to communication and interaction are likely to point to what needs to be done to support the young person to develop a place in the community and make and sustain appropriate friendships.  Support needed around communication and

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		interaction may well also have a bearing on further education and employment or independence and independent living.
Maintaining Good Health	Social, emotional and mental health	Support around a young person's mental health will absolutely translate into the "maintaining good health" category. There may be other things to consider at this point, such as educating a young person with a long term health condition around managing their condition themselves, or a young person with a learning disability around appropriate diet and health checks.

### EHCP Jargon Buster

Request for a Needs Assessment	A formal request which is often submitted by a nursery, school or college (but can also be submitted by a parent or a young person over 16), requesting that the Local Authority undertake an EHC Needs Assessment. The Local Authority must review the evidence and decide within 6 weeks from the date of receipt of the request whether they will go ahead with an EHC Needs Assessment. Normally a request for a needs assessment is made once it becomes clear that the child or young person will need more support than can be provided by the educational setting themselves.
EHC Needs Assessment	A statutory process undertaken by the Local Authority (Achieving for Children) to determine what support a child or young person needs, normally resulting in the issue of a EHC Plan.
Assessment Summary	The working document using the EHCP template. The Assessment Summary will become the EHC Plan if AfC decide to issue, otherwise the information contained within it will be issued as feedback. In other words, until there is a formal decision to issue a draft plan by the Local Authority, the information contained within the EHCP Template is referred to as an Assessment Summary.
Draft Plan	Once the Local Authority have decided to issue an EHCP, they will issue the plan as a draft. At this stage no educational setting is named in section I and the family have a period of 15 days to provide comments and feedback on the draft.
Final EHC Plan	This is the version that contains the named educational placement and is then a legal document specifying the provision that the child or young person will receive to support them.
MAM1	Multi-Agency-Meeting 1, a name sometimes given to the initial meeting between the educational setting, professionals and the family to discuss whether to request an EHC Needs Assessment.
Review Assessment Summary Meeting	This meeting is usually held at the educational setting, where the draft document can be reviewed by all involved. It may be referred to as a RAS meeting or MAM2 (Multi-Agency-Meeting 2)
SENCo	Special Educational Needs Coordinator – a specialist teacher, who is usually responsible for coordinating and facilitating provision for children and young people in the educational setting. SENCos are not responsible for the a child or young person's learning. The class or subject teachers are responsible for learning.