**Schools and early years settings 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:  Single Point of Access Team on 020 8547 5008  (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 |  |

**Child’s or young person’s details**

|  |  |
| --- | --- |
| **Name** |  |
| **Current address** |  |
| **Previous address\*** |  |
| **Contact number** |  |
| **Date of birth** |  |
| **Educational setting** |  |
| **Date started** |  |
| **National Curriculum year group** |  |
| **If behind chronological year group, please state number of years** |  |

**\*(If from outside Richmond or Kingston boroughs or at present address for less than one year)**

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

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| **ULN (unique learner’s number)** |  |
| **UPN (unique pupil’s number)** |  |

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

**Referrer’s details**

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

**Consent**

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| **Have you involved the parent or carer and/or the young person in the decision to make this referral?** | Yes/No |
| **Do you have parental or carer consent for this referral?** | Yes/No |
| **Has the child or young person got an SEN Support Plan?** | Yes/No |
| **Has a series of SEN Support Review meetings been held and if so how many?** | Yes/No  If yes, how many? |
| **When was the last SEN Support Review meeting held?** | Date: |
| **Consent has been given to share with:**  **Education professionals**  **Health professionals**  **Social care professionals** | Yes/No  Yes/No  Yes/No |

**Parents’ or carers’ details**

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| --- | --- | --- |
| **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 child or young person**

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| --- | --- | --- | --- |
| **Household members** | **Relationship to child or young person** | **DoB**  **(if under 18)** | **School or preschool** |
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| **Other significant adults** | **Relationship to child** | **Address** | **Parental responsibility?** |
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| **GP name** |  |
| **GP address** |  |
| **Health visitor name**  **(if child under 5)** |  |
| **Health visitor address** |  |
| **Does the child or young person have a diagnosis?** |  |
| **If Yes please provide details** |  |

In support of this request, outcome-focused advice should be provided from each professional currently involved. List all professionals, services or agencies that are involved.

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| **Service, agency, professional** | **Outcome focused advice attached: Yes/No** | **If outcome focused advice is not attached what are the reasons?** | **Has this advice been provided by parent or carer?** |
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For each professional, service, agency already involved with the child or young person give details.

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| **Professional, service, agency** |  |
| **Phone and email** |  |
| **Support provided** |  |
| **Period of involvement** |  |
| **Most recent contact** |  |
| **Outcome-focused advice attached** | Date: |

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| --- | --- |
| **Professional, service, agency** |  |
| **Phone and email** |  |
| **Support provided** |  |
| **Period of involvement** |  |
| **Most recent contact** |  |
| **Outcome-focused advice attached** | Date: |
| **Professional, service, agency** |  |
| **Phone and email** |  |
| **Support provided** |  |
| **Period of involvement** |  |
| **Most recent contact** |  |
| **Outcome-focused advice attached** | Date: |

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| **Professional, service, agency** |  |
| **Phone and email** |  |
| **Support provided** |  |
| **Period of involvement** |  |
| **Most recent contact** |  |
| **Outcome-focused advice attached** | Date: |

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| **Professional, service, agency** |  |
| **Phone and email** |  |
| **Support provided** |  |
| **Period of involvement** |  |
| **Most recent contact** |  |
| **Outcome-focused advice attached** | Date: |

**Education**

Previous early years or educational settings attended:

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| --- | --- |
| **Name of early years setting or school** | **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 early years setting or school, 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 – early years, primary and secondary**

(Early Years - a copy of Moving On is also useful)

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| **Age/date** | **PSED** | | | **PD** | | **CL** | | |
| MR | SC and A | MFB | M and H | H and SC | L and A | U | S |
| **N2** |  |  |  |  |  |  |  |  |
| **N1** |  |  |  |  |  |  |  |  |
| **YR** |  |  |  |  |  |  |  |  |

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| **Please explain what method has been used to track the pupil’s progress** |
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**Key Stage 1 (please indicate as appropriate)**

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| **Attainment** | **English** | | | **Maths** | | **Science** | **PSHCE** |
| Speaking and Listening | Reading | Writing | Number | Shape, Space and Measures |
| **Year 1** |  |  |  |  |  |  |  |
| **Year 2** |  |  |  |  |  |  |  |

**Key Stage 2**

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| **Attainment** | **English** | | | **Maths** | **Science** | **PSHCE** | **ICT** |
| Speaking and Listening | Reading | Writing | Number |
| **Year 3** |  |  |  |  |  |  |  |
| **Year 4** |  |  |  |  |  |  |  |
| **Year 5** |  |  |  |  |  |  |  |
| **Year 6** |  |  |  |  |  |  |  |

**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** |  |  |  |  |

Please attach a progress graph or EY SEN support grid detailing progress over time (or an equivalent).

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| **Please describe briefly how you measure attainment levels (or attach documentation)** |
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Please confirm what you consider to be the progress in the last year:

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| **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 child or young person has been in a group with 2 other children, 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.

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

**X’s Aspirations**

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**Strengths and Special Educational Needs**

* Please identify the child’s or young person’s special educational needs and for each need describe the child’s or young person’s current level of functioning (to include both strengths and weaknesses).
* Please give details of the pupil’s progress to date.
* Please suggest main long-term outcomes for each identified special educational need (long term should be at least to the end of the next key stage of education and further if possible).

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

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| **Cognition and learning** |
| Strengths: |
| Special educational needs: |
| Outcomes |

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| --- |
| **Communication and interaction** |
| Strengths: |
| Special educational needs: |
| Outcomes |

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| --- |
| **Social, emotional and mental health** |
| Strengths: |
| Special educational needs: |
| Outcomes |

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| **Sensory and physical** |
| 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: |
| Provision map and proposed costings (if not completed in this form) |  |  |
| Minutes from last SEN support meeting |  |  |
| Early Years: Moving On documentation |  |  |
| Reports from involved workers |  |  |
| Copies of recent reviews |  |  |
| Parents’ views |  |  |
| Child’s or young person’s views |  |  |
| Draft Section A of EHCP (EHC-A1 or EHC-A2) |  |  |
| Most recent annual school report |  |  |
| Report from each professional currently involved |  |  |
| Minutes of other meetings with those involved |  |  |

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| **Other information attached (please specify)** |
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Please return this form, together with any attachments, to the AfC SEND Team:

|  |  |  |
| --- | --- | --- |
|  | **Kingston** | **Richmond** |
| **Email** | [sen-rbk@achievingforchildren.org.uk](mailto:sen-rbk@achievingforchildren.org.uk) | [sen-lbr@achievingforchildren.org.uk](mailto:sen-lbr@achievingforchildren.org.uk) |
| **Telephone** | 020 8547 5872 | 020 8547 5872 |
| **Address** | SEND Team, c/o Achieving for Children, Guildhall 2, Kingston, KT1 1EU | |