



**Children and Young People Disability Service**

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

**1. Details of child/young person**

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

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| --- | --- | --- | --- |
| **Preferred Name:** |  | **DOB:** |  |

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| --- | --- | --- | --- |
| **Ethnicity:** |  | **Religion:** |  |

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| --- | --- | --- | --- |
| **Gender:** | Male Female | **Child Looked After:**  **Name of Local Authority:**  **Section:** | Yes  No    Section 20  Section 31 |

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

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| --- | --- | --- | --- |
| **First Language** (inc British Sign Language)**:** |  | **Is an interpreter required?**  **Help with written English?**  **British Sign Language used?** | Yes  No  Yes  No  Yes  No |

***If you are a young person over the age of 16 making this request please provide us with your contact details below***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Telephone number:** |  | | **Mobile number:** |  |
| **Do you have access to an email account?:** | Yes  No | |  |  |
| **Email address:** |  | | | |
| **Please advise how and when is best to contact you:** | |  | | |

|  |  |
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| **School/college/early years setting attended:** |  |
| **Date of Admission:** |  |
| **Other schools/colleges/early years settings attended during the last 18 months:** |  |

**2. Details of the parents/carers**

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

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| **First Language** (inc British Sign Language)**:** |  | **Is an interpreter required?**  **Help with written English?**  **British Sign Language used?** | Yes  No  Yes  No  Yes  No |

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| --- | --- | --- | --- | --- | --- | --- |
| **Telephone number:** |  | | | **Mobile number:** |  | |
| **Is either parent in the Armed Forces:** | | Yes  No | | **Do you have access to an email account?:** | | Yes  No |
| **Email address:** |  | | | | | |
| **Please advise how and when is best to contact you:** | | |  | | | |

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| **Full names of anyone else with parental responsibility for the child/young person:** | |  | | |
| **Relationship to child/young person:** | |  | | |
| **Address** *(if different from child/young person)***:** |  | | **Postcode:** |  |

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| **First Language** (inc British Sign Language)**:** |  | **Is an interpreter required?**  **Help with written English?**  **British Sign Language used?** | Yes  No  Yes  No  Yes  No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Telephone number:** |  | | | **Mobile number:** |  | |
| **Do you have access to an email account?:** | | Yes  No | |  | |  |
| **Email address:** |  | | | | | |
| **Please advise how and when is best to contact you:** | | |  | | | |

**3. Professional Involvement**

**If you have had discussions with other professionals or your child has been seen by professionals, please list their names below. If your child is of school age, you need to have a discussion with the Head Teacher/SENCo about your child’s special educational needs before returning this form. If you wish to provide any up to date and relevant reports in support of your request for assessment, please ensure that these are sent to the Royal Borough of Windsor and Maidenhead at the address at the end of this form within four weeks.**

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| **Advisory Teacher/Outreach Worker:** |  |
| **Medical Specialist:** |  |
| **Speech and Language Therapist:** |  |
| **Occupational Therapist:** |  |
| **Physiotherapist:** |  |
| **Educational Psychologist:** |  |
| **Social Worker:** |  |
| **Family Worker:** |  |
| **Other:** |  |

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

**4. About the child/young person** (continue on extra sheets if necessary)

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| **Please provide a brief history of your child’s needs and difficulties, their strengths as well as any progress made: ( You may wish to think about their health, eating/sleeping, developmental milestones, social skills and relationships, attitude to school, participation in extracurricular activities)** |
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| **Please describe what a good day and a bad day would look like for your child** |
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| **What are your reasons for making this request? Please tell us what you feel is working and what is not working and how you think an Education, Health and Care assessment and potential plan would help your child.** |
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**Declaration**

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

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

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

***TO BE COMPLETED BY THE YOUNG PERSON*** *(if over 16, making the request)*

**5. About You** (continue on extra sheets if necessary)

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| **Please tell us what a good day and a bad day would look like for you** |
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| **What are the reasons you think that an Education, Health and Care Plan could be helpful to you?** *This is the part where you write about why you think an Education, Health and Care Plan might be helpful to you and how it might help you to become the person that you want to be; what is it that isn’t working for you right now and what might having a plan make better for you* |
|  |

If you had support completing this section please tell us who helped you, their name and their role:

**Print Name:­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Role:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

**I would like you to consider carrying out a statutory assessment of my special educational needs and I give you permission to contact my educational setting, health services, social care or other professionals as necessary**

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

***TO BE COMPLETED BY THE PROFESSIONAL***

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| **Name of person making this request** (if not parents/carers)**:** | |  | | |
| **Address:** |  | | **Postcode:** |  |

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

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

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| **Signature:** |  | **Date request submitted:** |  |

**For a child who is pre-school age or in foundation stage** please complete one or both of the first two sections overleaf.

**For other pupils** please provide the most recent information in section 2. Information from an earlier key stage should also be provided where it might be helpful

**Please note** Sections 3 – 8 should be completed for **all** children/young people in school, college or an early years setting.

Sections 1, 6 and 7 only should be completed for children who are not yet attending a school or early years setting due to their age.

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| --- | --- | --- | --- | --- |
| **Section 1 - Pre-school/foundation stage** | | | | |
| Please give results from any developmental or standardised assessment  Griffiths Detailed Profile Schedule of Growing Skills  Individual Assessment of Early Learning and Development (IAELD)  Other assessment tool *(e.g. by Speech and Language Therapist).*  Please tick one above or name as appropriate: | | | | |
| **Date of assessment:** **Completed by:** | | | | |
| **Subscale title** |  |  |  |  |
| **Quotient/ development age** |  |  |  |  |
| **Subscale title** |  |  |  |  |
| **Quotient/**  **development age** |  |  |  |  |

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| **Section 2 National Curriculum/ P Scales** | | | | | | | |
| **Date assessed** | **Key stage** | **TA or SATS** | **Sp&L** | **Reading** | **Writing** | **Maths** | **Science** |
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| **Section 3 Result of reading, spelling or other assessments** | | |
| **Test used:** | **Date:** | **Result:** |
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| **Section 4 Provision made from school/college/EY setting’s delegated budget to address the child/young person’s SEN** |
| **Please attach the following;**  **School/college/EY setting’s local offer**  **Provision map/IEPs**  **Timetable of support**  **CAF (if applicable)**  **Pastoral Support Plan (PSP) if applicable** |

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| **Section 5 Monitoring of SEN Support** | |
| **Date identified as needing SEN Support (previously School Action/School Action Plus)** |  |
| **Please detail and attach evidence of action taken to meet child and young person’s SEN including:**   * **Use of assessment, planning and review** * **Use of grouping for teaching purposes** * **Use of additional adult support** * **Use of curriculum adaptation and teaching methods** | |
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| **Please explain what the additional or altered provision made during SEN Support achieved for the child/young person:** |
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| **Section 6 Monitoring of Additional Support** |
| **Please provide a brief history of the child/young person’s needs and difficulties, their strengths as well as any progress made: ( You may wish to think about their health/any medical condition, eating/sleeping, developmental milestones, social skills and relationships, attitude to school, participation in out of school activities and any support required to access these activities)** |
|  |

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| **Please explain the particular circumstances that have led to you making an application at this time. Please tell us what you feel is working and what is not working and the impact of any diagnosed conditions on the child/young person.** |
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| **Please explain what would be done differently if an Education, Health and Care plan were to be issued:** |
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| **Section 7 External professionals involved** | | | |
| **Name:** | **Agency:** | **Date of last involvement:** | **Report attached**  **(Yes or No)** |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |

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| **Section 8 Supporting Evidence** |

Along will previous requested attachments, please provide information that is relevant to the statutory assessment criteria. Much of this evidence should already be available in the child/young person’s SEN support plan. Evidence should be based on current need and include information gathered during the most recent 6 – 12 months*(reports more than 12 – 18 months old are unlikely to be helpful).*

Please attach the following evidence and tick to indicate that it has been included :

A concise description of the child’s/young person’s strengths, learning difficulties or needs, indicating what he or she can and cannot do. This should be no more than one or two paragraphs which give a summary overview of the child/young person.

One or two samples of the child’s recent work which should be dated and annotated, including whether the work was completed aided or unaided, and an explanation of the context in which the work was undertaken.

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.

School and/ or setting summary of record of parental involvement and the views of the child’s parents/carers where these have been made known.

The views of the child/young person where this can be ascertained.

All the evidence must combine to demonstrate purposeful and relevant action taken by the school/setting(s) over a sustained period of time.

**The panel cannot consider a request for statutory assessment without a fully completed form and relevant attachments.**

Please return this form to::

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

Children and Young People Disability Service

Royal Borough of Windsor and Maidenhead

Town Hall

St Ives Road

Maidenhead

SL6 1RF

Tel: 01628 685878

Email: cypds@achievingforchildren.org.uk