

**Request for a Statutory Education, Health and Care Needs Assessment in Bath and North East Somerset for children and young people aged 0-25 years**

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| **Name of Child/Young Person:** |  | **Date of Birth:** |  |
| **Address of Child/Young Person:** |  |
| **Education Placement:** |  | NCY |  |
| **Date of the last SEN support planning meeting where a decision was made to make a request for an EHCNA:** |  |
| **Main Disability (only circle one)** | SEMH MLD SLD SLCN ASD SpLD HI VI MSI PD PMLD  |

This request should be discussed as part of the SEN support planning meetings held by educational settings. The child and family/young person must have an opportunity to share their views and aspirations. They must have access to impartial information, advice and support to be involved in the planning and agreement to the request.

When considering if such a request should be made, national and local guidance on criteria should be taken into account.

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| **Checklist of documents that must be attached:** | **Tick to confirm included in request** |
| Copies of the Individual Learning Plans using the Graduated Approach - Assess, Plan, Do, Review (at least 2 cycles over a minimum of 6 months) | [ ]  |
| Copy of the most recent SEN Support Plan | [ ]  |
| Evidence of the nature, extent and context of the SEN – please attach relevant documents (specialist reports, monitoring and observations etc.) | [ ]  |
| Evidence of the actions already taken, using delegated resources to enable progress to be made – please attach relevant supporting documents such as timetables, provision maps, specialist advice etc. | [ ]  |
| For young people over 18, evidence that there is a need for additional time, in comparison to the majority of other of the same age who do not have SEN, to compete their education or training | [ ]  |

Please use the following checklist to ensure that:

* the request is appropriate
* attached evidence supports all 3 criteria outlined in the guidance
* all sections of the application are fully completed and relevant evidence is attached so that unnecessary delays can be avoided.

**Failure to provide appropriate documentation may result in the paperwork being returned and unnecessary delays.**

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| **Criteria** | **Evidence**Please review and list the evidence provided as part of your application and its relevance to the criteria set out in the guidance. **For example:** | **Attached Yes/No**Some children may have needs in more than one area of need  |
| **Criteria 1 -** The severity, complexity and long-term nature of the special educational need | **Cognition and learning**  | E.g. Cognitive assessments, summary of teacher assessments/observations  | **Yes/No** |
| **Communication and interaction**  | E.g. Speech and Language Assessments / Reports  | **Yes/No** |
| **Social Emotional and Mental Health** | E.g. Thrive assessment, behaviour log, medical reports | **Yes/No** |
| **Visual impairment** (only if relevant)  | E.g. Ophthalmological report, specialist VI teacher assessment  | **Yes/No** |
| **Hearing Impairment** (only if relevant) | E.g. Audiological reports, specialist HI teacher assessment  | **Yes/No** |
| **PD** (only if relevant)  | E.g. Medical advice  | **Yes/No** |
| **Criteria 2 -** Despite relevant, purposeful, evidence based support and making reasonable adjustments, it is not possible to meet the special educational needs within existing/delegated resources | **Rate of progress – this may be included in the SEN Support Plan** | Evidence of progress over time | **Yes/No** |
| **Analysis of the rate of progress – this may be included in the SEN Support Plan** | This may include information about specific interventions that escalated progress, contextual background information, explanation of any inconsistences in assessment results. | **Yes/No** |
| **Criteria 3 -** Despite relevant, purposeful, evidence based support the child/young person is not making expected progress over time | **Person centred planning**  | E.g. Evidence of child/young person and family’s contribution.  | **Yes/No** |
| **Focus on outcomes– in the Sen Support Plan**  | E.g. Clear link with assessed need and support | **Yes/No** |
| **Differentiated quality first teaching**  | E.g. Examples of how who school/class approach to learning has been differentiated | **Yes/No** |
| **Application made under exceptional circumstances** | **Provide the detail of exceptional circumstances** (refer to guidance for detail).Please provide detail on exceptional circumstances and reasons why the usually expected cycle of assess- plan – do – review cannot be followed before the application is made under the 3 criteria set out above. |  |

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| Please give a brief description of the child/young person’s needs under the disability indicated above |
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EY settings/schools/colleges must ensure that the parent signing the form has parental responsibility and that they have given informed consent for the request to be made. Forms that are not signed will be returned. A ‘Request for an EHC Needs Assessment form’ will always be asked for, even if a parent makes the initial request.

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The request should be sent in to the following address;

Statutory SEN Service

Lewis House

Manvers Street

Bath

BA1 1JG

**Please do not submit the following documentation:**

* Confidential information such as child Protection Plan, conference notes or any other notes without an appropriate authorisation
* Any original documents
* Information that includes names of other children

**N.B. IF NOT SIGNED THIS REQUEST WILL BE RETURNED**

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| **Headteacher’s/Principal’s/Settings Leader Signature**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date** | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**Parent/carer consent**

I agree for the request for Education, Care and Health needs assessment to be submitted to Bath and North East Somerset Council

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| --- | --- | --- | --- |
| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship to child/young person | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I understand that if an education, health and care needs assessment is agreed, information about Child's Name will be shared with professionals involved with Child's Name to support the assessment and planning process. This will include information provided by the school or educational setting, assessment by an educational psychologist, classroom observation and report; medical assessment and health care reports, information from social care or family support services and other information and reports that are relevant to the needs of Child's Name. This includes reports written by private professionals relevant to the assessment which will be shared with the relevant NHS/Local Authority professionals.

I also give permission for Child's Name to undergo a medical examination, an educational psychologist assessment and a classroom observation as part of the statutory assessment process. Other assessments may also be required, for example S&L, OT.

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| --- | --- | --- | --- |
| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship to child/young person |  |

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**Young person’s consent (16 and over)**

Sharing information with professionals:

I understand that if an education, health and care needs assessment is agreed, information about me may be shared with the professionals involved to support the assessment and planning process. This may include information provided by the school or educational setting, assessment by an educational psychologist, classroom observation and report; medical assessment and health care reports, information from social care or family support services and other information and reports that are relevant to my needs. This includes reports written by private professionals relevant to the assessment which will be shared with the relevant NHS/Local Authority professionals.

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| I agree that my information can be shared with professionals |  |

**Sharing information with parents and adults known to me**

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| I agree that my information can be shared with my parents/carers and adults named in my supporting evidence |  |
| I do not want any information shared with my parents/carers or adults known to me without my permission |  |

**Nominating an advocate**

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| I do not want to nominate an advocate |  |
| I would like to nominate an adult who has parental responsibility to help me to share my views and I give my consent to information being shared with them  |  |
| I would like to nominate an adult who does not have parental responsibility to help me to share my views and I give my consent to information being shared with them  |  |
| The name of the adult is  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Their relationship to me is  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

This section should be signed by you (the young person) **and** an advocate if you have appointed one. By signing this section you are confirming that you have understood the form and that you agree with the statements next to the boxes you have ticked in Parts &

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| **Young person’s Signature** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date** | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Young person’s name (Please print)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of advocate** **(if appropriate)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Advocate’s signature** **(if appropriate)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date** | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**Young person’s representative’s consent for sharing information for a young person aged 16-25**

**Please complete this only if the young person has a legally appointed representative under the Mental Capacity Act 2005.**

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| **Name of young person**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| I |  | (full name) am the legally appointed |
| representative of the young person named above. I have been given this authority legally by (please tick the criteria which applies). |

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| A lasting or enduring power of attorney (If the young person is aged 18 to 25) |  |
| Being appointed by the Court of Protection |  |

**Consent for an Education Health and Care Assessment**

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| I agree for the request for Education, Health and Care needs assessment to be submitted |  |
| I would like more information about the assessment before I decide. I understand that ticking this box may delay the start of the assessment  |  |
| I do not agree for the request to be submitted. I understand that if I tick this box the Education, Health and Care plan will not be agreed |  |
| I consent to a medical assessment, an educational psychologist assessment and a classroom observation as part of the statutory assessment process if required. Other assessments may also be requested as appropriate.  |  |

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| I agree to the assessments if they are necessary |  |
| I would like more information about the assessments before I decide. I understand that ticking this box may delay the start of the assessment  |  |
| I do not agree to any assessments. I understand that if I tick this box the Education, Health and Care plan may not be agreed and the process will be delayed |  |

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| --- | --- | --- | --- |
| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

GDPR Data Protection - <http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Your-Council/Data-Protection-and-freedom-of-information/PN_Special_Educational_Needs_and_Disability_Service.pdf>.