**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) |

|  |  |  |
| --- | --- | --- |
| **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 Kingston or Richmond 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:** |

|  |  |
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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/NoIf yes, how many? |
| **When was the last SEN Support Review meeting held?** | Date: |
| **Has this been considered by the Early Intervention Panel?** | Yes/NoIf yes please list the dates that this was considered.Dates: |

**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 child or young person**

|  |  |  |  |
| --- | --- | --- | --- |
| **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.

|  |  |  |  |
| --- | --- | --- | --- |
| **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: |

|  |  |
| --- | --- |
| **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: |

|  |  |
| --- | --- |
| **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: |

**Education**

Previous early years or educational settings attended:

|  |  |
| --- | --- |
| **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):

|  |  |
| --- | --- |
| **Term** | **Percentage attendance** |
|  |  |
|  |  |
|  |  |

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)

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |
|  |

**Key Stage 1 (please indicate as appropriate)**

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

**Key Stage 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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).

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

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** |  |

**Supporting evidence for EHC needs assessment requests and annual reviews**

Please note, for pupils with special educational needs (SEN) at maintained mainstream schools, you need to 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 ie, 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.

All provision should be based on one-to-one equivalent support; therefore if a child or young person has attended a group with two other children, the time should be divided by three. If an intervention exists only to support the target pupil this would also count as one-to-one provision, for example a social skills group where pupils attended in order to be good role models for the target pupil only.

To do this either complete this part of the form or append the request for a needs assessment or annual review with your own evidence – but you must ensure that the same information is covered as is contained in this part of the form.

**Intervention impact summary**

**Name: Date of birth: NCY:**

**Name of Setting:**

**When did the intervention take place? From: To:**

We expect evidence of intervention over time. You may need to submit a number of these intervention impact summary tables to provide evidence of this. For example one per term.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Pupil’s need targeted by this intervention** | **Intervention: Describe what this entails****What is the expected outcome?** | **Which professional recommended this?**  | **Pupil:****staff ratio (state teacher or TA) and duration** | **Duration and frequency of intervention (per week, per child)** | **Impact: how do you know? What is your evidence? (eg, formal or informal assessment)** | **Next steps: how could this provision be developed over time and contribute to increased independence?** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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**Proposed intervention needed**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pupil’s need to be met through this intervention** | **Proposed intervention** | **Proposed Staff/Child ratio (state teacher or TA) and duration** | **Proposed duration and frequency of intervention per week, per child)** | **How will the school/setting ensure that independence is developed and that support reduces over time?** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Current****Total teacher time (Per week)**  |  | **Current****Total LSA /TA time (per week)**  |  |
| **Proposed****Total teacher time (per week)** |  | **Proposed****Total LSA/TA time (per week)** |  |

**X’s Aspirations**

|  |
| --- |
|  |

**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.

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

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

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

|  |
| --- |
|  **Sensory and physical** |
| Strengths: |
| Special educational needs: |
| Outcomes*
 |

**Health questionnaire**

**To form part of the request for an EHC needs assessment**

If an EHC needs assessment is agreed, as part of the process, the local authority is required to seek health advice. This is because we need to determine whether or not your child’s progress at school is affected by a medical condition. The health advice for this purpose is co-ordinated by the community paediatricians; this form is designed to support Paediatricians to provide accurate information as part of provision of advice should an EHC needs assessment be agreed.

This can be done by using the information you provide on this questionnaire and liaison with the relevant medical professionals. Your child’s school will ask you to complete this form and it will be included with the request for an EHC needs assessment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name Of Child:** |  | **DOB:** |  |

|  |  |  |
| --- | --- | --- |
| **Does your child have a medical diagnosis - e.g. asthma, epilepsy, ASD, ADHD/ADD** | **Yes :** | **No:**  |
| **If yes please enter the following:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Diagnosis 1 | Diagnosis 2 | Diagnosis 3 |
| Name of diagnosis/date of diagnosis |  |  |  |
| Name of clinician/ department |  |  |  |
| Name ofHospital/clinic |  |  |  |
| Follow up arrangement / date of next appointment(e.g. 6 monthly) |  |  |  |
| When was the last review |  |  |  |
| Last clinic letter attached | Yes 🗆No 🗆 | Yes 🗆No 🗆 | Yes 🗆No 🗆 |

 |
| **Has your child got a medical care plan?**  | **Yes :** | **No:**  |
| **If Yes, please provide a copy.** |
| **Is your child on any regular medication?** | **Yes :** | **No:**  |
| **Name of medication** **What time is this given** **If given at school, who administers this in school?** |  |  |
| **With whom and when is next medication review (GP/Consultant)** |  |
| **Does your child use any equipment to help with general health?****E.g. asthma /insulin pump/catheter. If Yes please give details:** | **Yes:** | **No:** |
|  |
| **Does your child have toileting needs? If yes please give some detail.** | **Yes :** | **No:**  |
|  |
| **Personal care** (Is the child or young person able to meet their personal care needs, for example, dressing, hygiene, safety, appropriate to their age and development?) | **Yes :** | **No:**  |
|  |  |  |
| **Does your child have feeding or growth concerns? If yes please give some detail.** | **Yes :** | **No:**  |
|  |  |  |
| **Does your child have any difficulties with sleeping? If yes please give some detail.** | **Yes:** | **No:** |
|  |
| **Does your child have vision difficulties? If yes please give some detail.** | **Yes :** | **No:**  |
| **Name of professional:****When last seen and outcome:****Follow up plans:** |
| **Does your child have hearing difficulties? If yes please give some detail.** | **Yes :** | **No:**  |
| **Name of professional:****When last seen and outcome:****Follow up plans:** |
| **Does your child have dental reviews? If yes please give some detail.** | **Yes :** | **No:**  |
|  |
| **Are you child’s immunisations up to date?** | **Yes :** | **No:**  |
|  |
| **Is there any family history you would like to share? If yes please give some detail.** | **Yes :** | **No:**  |
|  |
| **Is there anything else you think we should know** | **Yes :** | **No:**  |
|  |
| **Would you like to have a telephone consultation with the paediatrician before the paediatrician completes the medical part of the EHCP?** | **Yes:** | **No:** |

**Social care questions to consider relating to SEN**

The following social care questions should be completed by the educational setting in discussion with the family; the questions should be submitted as part of the school’s or college’s request for an EHC needs assessment. If the EHC needs assessment is agreed these questions will be shared with our Single Point of Access Team and will enable social care to make a judgement as to whether further involvement may be required for the child and their family.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of child:** |  | **DOB:** |  |

|  |  |  |
| --- | --- | --- |
| **Is your child registered as disabled?** | **Yes :** | **No:**  |
|  |
| **What is the nature of your child’s disability? (Physical-cognitive) Please specify.**  | **Yes :** | **No:**  |
|  |
| **Has your child received a formal diagnosis and by whom?** | **Yes:** | **No:** |
|  |
| **What is the impact on your child’s day to day to life?** | **Yes:** | **No:** |
|  |
| **Does your child require home adjustments or specialist equipment in order to access education or leisure? (Please specify the detail?)** | **Yes :** | **No:**  |
|  |
| **Does your child have a general learning disability? If so is there a formal diagnosis? (Specify detail, when diagnosed and by whom)** | **Yes :** | **No:**  |
|  |

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| --- | --- | --- |
| **Does your child has a specific learning disability? If so is there a formal diagnosis? (Specify detail, when diagnosed and by whom)** | **Yes :** | **No:**  |
|  |
| **Does your child have a behavioural or mental health difficulty? If so is there a formal diagnosis? What is the impact on your child? (Specify detail, when diagnosed and by whom)** | **Yes :** | **No:**  |
|  |
| **Has your child been known to Children’s Services either in this borough or elsewhere? (Please share details)** | **Yes :** | **No:**  |
|  |
| **Has your child or family ever received support from a Prevention and Early Help Service/Family Support Service in this borough or elsewhere? (Please share details)** | **Yes :** | **No:**  |
|  |
| **Does your child engage with any services from charities or the Local Offer which help your child to access play/leisure or education?** | **Yes :** | **No:**  |
|  |
| **Are there any additional worries that are impacting on your family? (Adult health, housing, family functioning, income issues)** | **Yes :** | **No:**  |
|  |

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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: |
| Intervention summary 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 |  |  |
| Minutes/Agreements of Early Intervention Panel |  |  |

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

Please return this form **electronically** in a **word format**, together with any attachments, to the AfC SEND Team as below. We strongly recommend that this is sent via a secure email system due to the sensitive content. Please contact us if you require any advice on secure emails.

|  |
| --- |
| **Contact details** |
| **Email** | senteam@achievingforchildren.org.uk |
| **Telephone** | 020 8547 5872 |
| **Address** | SEND Team, c/o Achieving for Children, Guildhall 2, Kingston KT1 1EU |