**Request for Education, Health and Care Needs Assessment**

**Electronic version**

***The document must be printed off and signed by hand unless contributors have an electronic signature.***

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| **1**  **Details of Person Making the Request** | |
| **Full Name (first name/last name)** |  |
| **Role/relationship to the child or young person** |  |

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| **2**  **Details of Child/Young Person** | | | | | | | | | |
| **Full Name (first name/last name)** | | | | |  | | | | |
| **Date of Birth** | | | | |  | | | | |
| **Gender** | | | | |  | | | | |
| **Ethnicity** | | | | |  | | | | |
| **Religion** | | | | |  | | | | |
| **Home language** | | | | |  | | | | |
| **Home address** | | | | |  | | | | |
| **Contact number/email** | | | | |  | | | | |
| **Name and Type of Setting/School/College (incl tel and email)** | | | | |  | | | | |
| **NC Year Group or College Year** | | | | |  | | | | |
| **Unique Pupil Number** | | | | |  | | | | |
| **GP details and child / young person’s NHS number** | | | | |  | | | | |
| **Looked After Child / Young Person (mark with x)** | | **Yes** |  | | **Child in Need** | | | **Yes** |  |
| **No** |  | | **No** |  |
| **Legal Care Status** |  | | | | **Home Authority** |  | | | |
| **3 PARENT/CARER DETAILS** | | | | | | | | | |
|  | | | | **Parent 1** | | | **Parent 2** | | |
| **Name of parent(s)/carer(s) with parental responsibility** | | | |  | | |  | | |
| **Relationship to the child/young person** | | | |  | | |  | | |
| **HHome language** | | | |  | | |  | | |
| **Home address** | | | |  | | |  | | |
| **Contact number(s)** | | | | **Home** | | | **Home** | | |
|  | | |  | | |
| **Mobile** | | | **Mobile** | | |
|  | | |  | | |
| **Email address(es)** | | | |  | | |  | | |
| **Is either parent a serving member of Her Majesty’s armed forces?**  (Mark with an X)  **Yes No** | | | |  | | |  | | |

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| **4 School/Setting details** | | |
| **Name of school/setting** |  | |
| **Type of setting (early education, maintained, academy, independent, College of FE, none)** |  | |
| **School/setting address (incl postcode)** |  | |
| **Name and position in setting of contact person (in school setting must be qualified teacher)** |  | |
| **Contact details of contact person** | **Phone** | **Email** |
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| **5 Current/Past Professional Involvement** | | | |
| **Please list the professionals who are currently involved with this child/young person, or have been in the recent past.** | | | |
| **Role** | **Involved**  **Yes/No** | **If yes, name** | **If yes, contact details including postal address, telephone number and email address** |
| **Education** | | | |
| **Advisory teacher**  *If YES please specify* |  |  |  |
| **Educational Psychologist** |  |  |  |
| **Other(s)** |  |  |  |
| **Health** | | | |
| **Medical Specialist**  **(this could be your GP, a consultant already involved with your child, a paediatrician or other relevant specialist)** |  |  |  |
| **Child and Adolescent Mental Health Service (CAMHS)** |  |  |  |
| **Occupational Therapist** |  |  |  |
| **Physiotherapist** |  |  |  |
| **Speech and Language Therapist** |  |  |  |
| **Other(s)** |  |  |  |
| **Social Care** | | | |
| **Social Worker** |  |  |  |
| **Other(s)** |  |  |  |

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| **6 Consent for Referral for Advice and/or Assessment**  **Permission to share** | |
| **Information from external services can only be sought with the consent of the child/young person’s parent/carer, or the young person themselves if aged 16+ and the young person has capacity. We will only refer to these services if there is evidence that they are/have been involved with the child/young person, or that the child/young person has special educational needs which may require their involvement.**  **If you decide not to consent to this referral it may delay any assessment that takes place.**  **We will ensure that your information is kept safe and will adhere to our duties under the Data Protection Act and ensure your rights are upheld.** | |
| **I give permission for you to contact the services listed in Part 5 above, and pass on to them details on this form about my child.** | |
| **Signed** (electronic signature only otherwise please print off and sign) | **I am over 16 years old and I give my permission for you to contact these services and pass on to them details about me on this form.** |
|  |  |
| **Relationship to child/young person** | **Signed:** (electronic signature only otherwise please print off and sign) |
|  |  |
| **Date** | **Date** |
|  |  |

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| **7 Summary of Child/Young Person’s Educational Attainments** |
| Bearing in mind the age/educational phase of the child/young person, please provide information about the child/young person’s educational attainments over time – usually for the last three years.  For young children who have not yet started school, this should be assessment against the Early Years Outcomes and/or the ages and stages of development from Development Matters.    For school age children and young people age 16+, this should include as appropriate:   * National Curriculum levels in English, Maths and Science * P-scales profiles presented to show progress across the profile of P scales * GCSE or A/AS level results * Other accredited qualifications, such as BTEC, ASDAN etc   For young people age 14+, please provide a summary of the career and progression advice and guidance which has been provided to the young person.  For all children and young people, please attach details of other relevant assessments in the appendix, and summarise below standardised test results such as reading, writing, spelling, number assessment results; CAT scores or any other relevant results. |

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|  | Nursery 1 | Nursery 2 | Reception |
| Personal, Social and Emotional Development |  |  |  |
| Physical Development |  |  |  |
| Communication and Language |  |  |  |
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| Literacy |  |  |  |
| Mathematics |  |  |  |
| Understanding the World |  |  |  |
| Expressive Arts and Design |  |  |  |

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| **Progress in Key Stages 1,2,3,4 and above**  **Please fill in relevant columns**  *NB Assessments might include SATS, NC level, P Levels, Teacher Assessment, standard or norm referenced tests, GCSE Functional Skills Assessment, BTEC, NVQ, AS/A Level etc* | | | | | |
| Type of Assessment | Subject Area | Date of assessment | Performance 2 years previously | Performance 1 year previously | Current performance |
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| **For young people in Year 9 / post 16** | | | |
| **Has the young person identified a career pathway?** | **Y/N** | **Have career guidance and progressions routes been discussed with the young person?** | **Y/N** |
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| **A copy of any Transition Planning /Preparing for Adulthood should be attached - provide a brief summary below:** | | | |
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| **8 The child/young person’s Special Educational Needs**  **To be completed by the setting – this is an important part of your referral for assessment and should clearly set out the child/young person’s SENs. Paragraphs 6:14 – 6:35 in the SEN Code of Practice are a helpful reference point: the approaches applied in the school / setting / college; evidence of following guidance provided by specialist professionals, and evidence of following the Assess, Plan, Do and Review (APDR) cycle set out in the SEN Code of Practice.** |
| |  |  |  |  | | --- | --- | --- | --- | | **Place X in the relevant box or boxes to indicate areas of need** | | | | | **Communication and Interaction**  Please specify below |  | **Cognition and Learning**  Please specify below |  | | Speech, language and communication |  | Moderate Learning Difficulties |  | | Autism Spectrum Condition |  | Severe Learning Difficulties |  | | **Sensory and/or Physical Needs**  Please specify below |  | Profound and Multiple Learning Difficulties |  | | Visual Impairment |  | Specific Learning Difficulty |  | | Hearing Impairment |  | **Social, Emotional and Mental Health Difficulties** |  | | Multi-Sensory Impairment |  | **Other –** please specify here |  | | Physical Disability |  |   **Please clearly set out the child or young person’s difficulties in each area of SEN related to education. Only fill in the relevant sections where the child or young person has a learning difficulty** |
| **Cognition and learning** |
|  |
| **Communication and interaction** |
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| **Social, emotional and mental health difficulties** |
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| **Sensory, motor and physical difficulties** |
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| **Additional Health Needs (ESSENTIAL TO BE COMPLETED)** | |
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| **Additional Social Care Needs (ESSENTIAL TO BE COMPLETED)** | |
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| What do they do outside of school? (e.g. see friends, attend groups, clubs or activities) |  |
| Do they face any challenges or barriers accessing these activities? |  |
| What is going well for the child and their family? |  |
| What support do they receive from family, friends, community members and other professionals? |  |
| What do the child and family find difficult, challenging or stressful? What is not working well? |  |
| Any additional information that you consider to be relevant. |  |

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| **9 The Special Educational Provision that has been made by the school / setting**  **Paragraphs 6:36 – 6:56 of the SEN Code of Practice may be helpful in understanding what special educational provision is expected to include, as may the document Ordinarily Available which outlines the provision that is normally available within Barnet maintained schools and Academies. *Refer to evidence listed in Section 12 if appropriate.***  ***Ensure that you have referred to reasonable adjustments that have been made if appropriate.*** |
| **Describe the special educational provision that has been put in place in school / the setting / college.** *Explain the application of the Assess, Plan Do and Review cycle and outline the impact of interventions, approaches, strategies on progress. Specify outcomes that have been set for the child/young person, explaining progress towards them.* |
|  |
| **How has the special educational provision that you have made been monitored and by whom? How has the monitoring process informed adaptation to the way in which provision is made?** |
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| **Please describe ways in which you have implemented advice provided by external professionals and the impact on this child/young person’s progress.** |
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| **Why do you think this child/young person needs an EHCP now?** |
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| **Is there anything else you would like us to know about?** |
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| **10 Appendices – Reports and Documentation** | | | | | |
| **Please confirm that the views of the child/young person are included in the documentation (template below)** | | | | | Yes |
|  |
| **I confirm that the views of the parent/carer are included in the documentation (template below)** | | | | | **Yes** |
|  |
| **Professional Reports**  **You should attach and list all relevant reports that have been prepared by professionals about the child / young person in the last 3 years. If relevant include older reports.** | | | | | |
| **Date of Report** | **Type of Professional** | | **Name of Professional** | | |
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| **You should also attach key documentation from school / the educational setting / College. The list below is a guide only – please send only relevant information.** | | | | | |
| **School / Setting Reports & Documents** | | | | | |
| **Type of Document** | | **Author** | | **Date** | |
| **EYFS two year progress check** | |  | |  | |
| **Foundation Stage Profile** | |  | |  | |
| **P level progress chart** | |  | |  | |
| **National Curriculum Progress record** | |  | |  | |
| **School assessment data / records** | |  | |  | |
| **School / setting general annual or termly report** | |  | |  | |
| **Attendance record** | |  | |  | |
| **Behaviour record** | |  | |  | |
| **School / setting provision map** | |  | |  | |
| **Individual Support Plans** | |  | |  | |
| **Minutes of educational progress review meetings** | |  | |  | |
| **Relevant Minutes of other meetings, eg. CAF, PSP, PEP** | |  | |  | |
| **Exclusion information** | |  | |  | |
| **Correspondence with parents/carers and others where relevant** | |  | |  | |
| **Careers / progression guidance and Plan** | |  | |  | |
| **Information on transport or travel to school / college** | |  | |  | |
| **Individual learning programme** | |  | |  | |
| **Other (please specify)** | |  | |  | |

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| **11 Child/Young Person’s Views, Interests, Hopes and Aspirations**  **To be included as part of the request for an**  **Education, Health and Care Plan**  *Settings are welcome to create their own personalised documents to record the child or young person’s views and attach as an appendix.*  ***This form can be printed off separately if necessary to be completed but must be included within the appendices.***  **This section is an opportunity for the child/young person, if they wish, to express their views.** | | | | |
| **Name of child/young person** | | | The views of the child were obtained by (name/relationship) | |
|  | | |  | |
| **Date of birth** |  | | on (date) |  |
| **School/setting** |  | | at (setting) |  |
| **Things that are important to me now** | | | | |
|  | | | | |
| **What I’m good at – my skills and strengths** | | | | |
|  | | | | |
| **Things I need more help with** | | | | |
|  | | | | |
| **How I prefer to communicate and be engaged in decision making** | | | | |
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| **My hopes for the future (aspirations)** *for example: friends and relationships, education, training and employment ambitions, independent living.* | | | | |
|  | | | | |
| **Anything else you would like us to know?** | | | | |
|  | | | | |
| **Who helped you to write this information for us?** | |  | | |
| **Signed** | |  | | |

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| **12 Parent’s/Carer’s Views**  **To be included as part of the request for an**  **Education, Health and Care Plan**  ***This form can be printed off separately if necessary to be completed but must be included within the appendices.*** | | |
| If the Council decides to make an EHC assessment, you will be asked if you would like someone to guide you through the assessment process and to make sure that you understand what is happening and who can answer your questions. Do you think that you might like to have some support? (Please x the box below)   |  |  |  |  | | --- | --- | --- | --- | | **Yes** |  | **No** |  | | | |
| *Please provide a brief history of your child’s, needs and difficulties and any progress they have made, under the headings below.* | | |
| **Your child’s name** |  | |
| **Date of Birth** |  | |
| **School/setting** |  | |
| **Please tell us about your child’s strengths, skills and achievements** | | |
|  | | |
| **Please describe your child’s difficulties** | | |
|  | | |
| **Please tell us your hopes and aspirations for your child** *eg education, pay, health, friendships, sixth form, independent living, university, employment etc* | | |
|  | | |
| **Please tell us you think is working well for your child and what is not working well** | | |
|  | | |
| **Please describe how you and your child have been involved in planning and reviewing the special educational provision** | | |
|  | | |
| **Please tell us your reasons for making this request now, or supporting the request made by your child’s educational setting** | | |
|  | | |
| **Please add any other information you would like us to know** | | |
|  | | |
| **Signed (electronic signature only otherwise please print off and sign)** | | **Date** |
|  | |  |

**It is important that the documentation is clearly presented and indexed. Please do not send any unnecessary information. Please make sure that in making this request for an EHC assessment that you are familiar with Paragraphs 9:54 and 9:55 of the SEN Code of Practice and the document – “*Normally available provision for children with SENs in Barnet maintained schools and academies (2014)”***

**I confirm that I have followed the guidance to complete this request and that the submission I have made is ordered and appropriately indexed.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signed** |  | **Position** |  | **Date** |  |

Complete and send by **secure** email to: [SENadmin@barnet.gov.uk](mailto:SENadmin@barnet.gov.uk)

Contact the SEN Assessment & Placement Team for any queries on 0208 8359 7007