**Request for EHC Needs Assessment**

This form is for use for all requests to assess children and young people aged 0-25 and, subsequently, there may be sections that are not relevant and can be left blank. Please only include information relevant to the child/young person this request for assessment is for and in an age appropriate format.

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of C/YP** |  | **School/Setting** | | |  | |
| **Date of Birth** |  | **Unique Pupil Number** | | |  | |
| **NC Year group** |  |  | | |  | |
|  |  |  |  |  | |  |
| **Address** |  | | | | | |
|  |  |  |  |  | |  |
| **Parental Responsibility (Name)** |  | **Relationship to Child** | | |  | |
|  |  |  |  |  | |  |
| **Telephone Number** |  | | | | | |
|  |  |  |  |  | |  |
| **Email Address** |  | | | | | |
|  |  |  |  |  | |  |
| **Religion** |  | **NHS Number** | | |  | |
|  |  |  |  |  | |  |
| **First Language** |  |  | | |  | |
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| **My (Parent/ Carer) Name is** |  | **Social Care Status** | | |  | |
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| **I Live With** |  | **If Other, Please Specify** | | |  | |

**Please give a brief summary statement for why you are requesting an EHC Needs Assessment**

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**Views of Child / Young Person**

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| How would you describe yourself? |  | Please add a **photo** of the child/young person of a picture that is important to them: |
| How do other people describe you? |  |

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|  | In School/Setting | Out of school/Setting |
| What do you enjoy? |  |  |
| What do you not enjoy? |  |  |
| What are you good at? |  |  |
| What do you find difficult? |  |  |
| What helps you to overcome these difficulties? |  |  |
| What extra help would you like? |  |  |

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| What are your hopes for the future? |  |
| What steps do you need to take to achieve them? |  |

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| I completed this activity with: |  |
| They helped me by: |  |

**Family Conversation**

**What do the family feel are the child’s / young person’s strengths?**

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**Any other information relevant to this child/young person and this request?**

(tip: Think in terms of support received, people their child/young person knows and likes, why the things they think are good in their child/young person’s life are working well)

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| Click or tap here to enter text. |

**What do parents/carers want for this child / young person in the future?**

(tip: parents’ aspirations, dreams and hopes, try to relate back to strengths and skills)

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**Is there any additional support the family may find helpful?**

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**What do the parents/carers think is working well and needs to stay the same? (This could be in school, support from Social Care or from Health Services):**

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| Support currently in place | What is this support achieving | Who provides this support | How often does this happen |
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**What do parents/carers feel isn’t working well and how does it need to change?**

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| What my child/young person needs help with | What could be put into place | Who would provide this (this could include family and friends) | What would be the intended outcome |
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**Description of Needs**

**Please identify the student’s primary area of need. If they have a secondary area of need you can indicate with numbers (delete red text)**

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| Cognition and Learning | *You may put numbers to indicate primary and secondary area of need.* |
| Communication and Interaction | *1* |
| Social, Emotional and Mental Health | *2* |
| Physical and Sensory Needs | *Or you may describe in more detail here for example: pupil has profound hearing loss* |

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| --- | --- |
| Diagnosis (if known) | |
|  | |
| Cognition and Learning | |
| Strengths | **Needs** |
|  |  |
| Communication and Interaction | |
| Strengths | **Needs** |
|  |  |
| Social, Emotional and Mental Health | |
| Strengths | **Needs** |
|  |  |
| Physical and Sensory Needs | |
| Strengths | **Needs** |
|  |  |

**Attainment data**

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| Current Attainment Data  e.g ELGs, reading and writing, maths, speech and language , non-verbal reasoning, Boxall, Goodman’s strengths and weaknesses, Cognitive Abilities Profile (CAP) and Dynamic Assessment. etc  Please provide a description of your school’s assessment scales/ codes | Results of Assessment  These should be quantified where appropriate e.g standardised scores, percentile rank, age equivalent and year group equivalent | Who carried out these assessments and when did they  take place: |
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|  |  |  |
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| Previous Attainment Data  e.g ELGs, reading and writing, maths, speech and language , non verbal reasoning, Boxall and Goodmans strengths and weaknesses etc | **Results of Previous Assessment**  These should be quantified where appropriate e.g standardised scores, percentile rank a age equivalent and year group equivalent | Who carried out these assessments and when did they  take place |
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**Evidence of a Graduated Response**

**This section should demonstrate how you have implemented advice given, adapted the curriculum, used interventions and put Reasonable Adjustments in place. Please add more lines as required.**

**Cycle 1: This is usually support provided by school/setting.**

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| What additional support was provided? | What impact did it have? | How is the support evidenced? |
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**Cycle 2: This is usually support provided in collaboration with outside agencies.**

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| What additional support was provided? | What impact did it have? | How is the support evidenced? |
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**Cycle 3: Any additional support**

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| What additional support was provided? | What impact did it have? | How is the support evidenced? |
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**Supporting Evidence**

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| Involvement from Educational Support Service*s*  Include involvement (with dates) and advice from Educational Psychology Service, STS (AOS/HI/VI) and Inclusion Services where appropriate |  | *You may attach the most recent Educational Psychology report* |
| Health Information   * If appropriate, evidence of health advice being sought and implemented. e.g. relevant information on medical advice to the school from Community Paediatrics, CAMHS, School Nursing, Health Visitor |  | *You may attach a Health Care Plan or Risk Assessment* |
| Care Information:   * Who else lives in the family home (name/DOB)  and any support they may need individually and collectively as a family– think about daily life and things that work well and things that worry you. Eg impact on siblings; parenting support; do you have people in your family network or do you feel isolated? * Any other issues eg child/parental mental health; substance use; domestic violence including child on parent abuse? (please provide examples and impact including timescale/frequency where relevant) * Have you previously received support from CSC/CFWS? If so what helped and what has changed since they ended their involvement – (unless still open) * Who else provides support to the children/adults within the home? (professionals/people in family and friend’s network) |  | *Answer all questions in this section as thoroughly as possible* |

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| School attendance – any issues?  Provide % |  |  |
| Participation in or has been bullied at school |  |  |
| Significant self-help difficulties; e.g. toileting, feeding. |  |  |
| The child’s condition gives rise to serious safety issues |  |  |

**Current Support/Provision**

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| --- | --- | --- | --- |
| What current support/provision is place? | How often/ for how long | What has been the impact of the support /provision? | Cost (funding source: e.g Element 2, pupil premium…) |
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**Additional Support / provision needed**

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| What additional support/provision is being requested? | How frequently would it be provided and by whom? | What is the intended outcome for the pupil to be achieved by the provision? | Cost (funding source: e.g Element 2, pupil premium…) |
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**Consent**

**Please sign below to indicate that:**

* Your views have been included in this document.
* You have received information about the Education, Health and Care (EHC) Needs Assessment process and understand that information can be provided by the Special Educational Needs and Disabilities Information Advice Service (SENDIASS), if required.
* You consent to a request for an EHC Needs Assessment being submitted to the Local Authority.
* You consent to a copy of this document being shared with the Local Authority alongside supporting information (as detailed on the front of this document).
* You consent to any professionals, instructed by the Local Authority to gather additional information about your son/daughter’s needs for the purpose of an EHC Needs Assessment, to do so. This will include Early Help, Health professionals, Social Care, The Educational Psychology Service and the Specialist Teaching Service.
* Please note that signed consent is essential to proceed. If the request is for a young person aged 16 or over the young person MUST consent by providing their signature.

…………………………………..…Young Person (16+) ……..……..……………………………Parent/Carer

…………………………………….PRINTED ……….…………………………………PRINTED

…………………….……..…School/setting representative / Request author ………………………Date

………………………………………………PRINTED

**Keeping you informed**

If you have any access issues, for example a disability, language or literacy barrier please provide details of any additional support requirements or reasonable adjustments that the LA will need to take into account to support you/your family through this process:

As we progress through the Education, Health & Care Assessment process we feel it is important to keep you informed. To enable us to do so please indicate your preferred method of contact below:

|  |  |
| --- | --- |
| Email |  |
| Post |  |
| Telephone |  |