**Checklist – please tick the relevant boxes**

|  |  |
| --- | --- |
| **Signed consent** * From parents/person with parental responsibility or the young person (if they are beyond school leaving age and up to 25).
 | [ ]  |
| **Evidence of involvement of the parent and child/young person and the incorporation of their views in the provision made up to now.** * ILPs/IEPs from last 12 months. Evidence of pupil voice e.g. One Page Profile.
 | [ ]  |
| **Summary and analysis of the child’s/young person’s areas of strengths and needs.** | [ ]  |
| **Education advice / attainment levels.**  | [ ]  |
| **Evidence of the ‘Graduated Approach’ to identify their need, how provision has been changed to match need and interventions and adjusted to evidence that advice has been sought (from education, health, and social care professionals) and incorporated through the A-P-D-R cycles.**  | [ ]  |
| **Costed provision map for the individual pupil.** | [ ]  |
| **Behaviour support plan, if applicable.** | [ ]  |
| **Please note any other further documents / reports which have been included to support the EHCNA, if applicable.** | [ ]  |
| **Important Notice:**The EHC Assessment & Review Team have the right to return this form if you have not submitted all the evidence or have submitted an incomplete form.You will be notified when the EHC Assessment & Review Team have accepted the EHC Needs assessment request or you will be contacted if we require any additional information. |

**Professional - Request for an Education, Health & Care Needs Assessment**

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| --- |
| **Personal details:** |
| **Name:** |  | **Date of Birth:**(dd/mm/yy) |  |
| **Likes to be known as:** |  | **Preferred Pronoun:**He/She/ They/Them |  | **Gender:**Male/Female/Non-Binary |  |
| **House with solid fill****Address:****Postcode:** |  | **First aid kit with solid fillGP Address:** |  |
| **Educational Setting:** |  | **Date of admission:** |  | **UPN:**Schools must provide UPN |  |
| **Year Group:** |  | **Religion:** |  | **NHS No:**If known |  |
| **Ethnicity:** |  | **Home Language:** |  | **Interpreter required?**Y/N |  |
| **Parental responsibility 1:** Parent in receipt of Child Benefit payments |  | **E-mail address:** |  |
| **Relationship to young person:** |  | **Phone Number:** |  |
| **Parental responsibility 2:**  |  | **E-mail address:****Speaker phone with solid fillPhone Number:** |   |
| **Relationship to young person:** |  |  |
| **Address:**If different |  |
| **Additional Information:** |
| **Child Looked After (CLA)**State the name and contact details for the allocated Social Worker. |  |
| **Special Guardianship Order (SGO)**State the name of the SGO and you must provide a copy of the Court Order Certificate. |  |
| **Additional Funding**Is the young person in receipt of any additional funding?e.g., Child Tax Credit, Early Years funding, medical funding etc…*\*Early Years – State if parent is entitled to 15/30 hours Tax Free Childcare.*  |  |
| **State if this request is made under exceptional circumstances?**Do they attend any other setting?Part/Full timetable?Do they attend a Resource Provision?Apprenticeship/Traineeship/ supported internship? | **Recently joined the school:***State the date they joined:* | **Significant change in need:**State the significant change: |
| **Does the child/young person have a Behaviour Support Plan in place?** If so, please attach to the request when submitted to the LA**\*Delete as appropriate**  | **Yes:** *I have attached a behaviour support plan****.***  | **\*Yes/No\*** |
| **No:** I do not have a behaviour support plan. | **\*Yes/No\*** |

**Consent form:**

The EHC Needs Assessment Form should be in collaboration with parent/carer. It is your responsibility to ensure you, as the professional, and the parent/carer are in agreement and understanding of applying for an EHCNA.

**Referral Details and consent:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name or referrer:** |  | **Position:** |  |
| **Date of referral:** |  | **Signature:** |  |
| **Contact Email(s):** |  |

**Parental/carer signature:**

|  |
| --- |
| I confirm that I have parental responsibility and agree to the local Authority requesting and sharing information as part of this application.  |
| **Name of parent/carer:** |  | **Date:** |  |
| **Comment Important with solid fillSignature:** **Ink signature/e-signature required.** |  |
| **Young Person Consent** If the young person has reached school leaving age, then they must give consent. |
| **Name of young person:** |  | **Date:** |  |
| **Signature:** **ink signature/e-signature required.** |  |
| **Young Perons Email address:** |  |

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| **\*Disclaimer:** As part of the Education, Health and Care Needs Assessment the Local Authority will be requesting and sharing information with relevant professionals from within the Council and from Health Services. This will include Social Care Services, the Educational Psychology Service, the Community Paediatrician, Schools, Colleges and other relevant professionals. The information may also be shared with an organisation outside the European Economic Area who may be involved in drafting a plan. The LA has ensured that the relevant security checks and protection of data is in place. The purpose of sharing this information is to ensure that information can be gathered about the (young person), child’s (parent/carer) their educational needs and any relevant health and care needs so that Agencies can determine and plan any additional support that might be needed.This information will be stored on a number of databases on the Council’s and the NHS IT system. With your consent we will only share information if it is in your (young person) or your child’s (parent) best interests. The information will not be disclosed to a third party unless we are legally bound to do so, or there is a risk of serious harm. You have a right to make a request to see any information that is stored about you (young person) or your child (parent/carer). By emailing subjectaccessrequest@bury.gov.uk  |

**You must now complete the one-page profile on the next page, you can use the form provided or send your own version into the EHC Assessment & Review Team. This is important so that the Case-Officer can gain a good understanding of the child/young person. Please ask parent/carers or other members of staff to help you complete this form should you require.**

|  |
| --- |
| **User with solid fillUser with solid fillOne Page Profile** |
| **Current Photo** | **What people like and admire about me** |
| **All About Me** |
| **Who is important to me?** | **How to best support me** |
| **What I like** |
| **What I dislike** |
| **What are my hopes and dreams for the future?** |

**Attendance & Exclusions since the pupil joined the setting**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of educational setting** | **Academic year** | **Actual attendance****(No of sessions)** | **Percentage attended** | **No of days of exclusion** | **Permanent exclusion?** |
|  |  |  |  |  |  |
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**Special Educational Needs/Disability (rate 1-4 with 1 being the primary need or n/a)**

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| --- | --- | --- | --- |
| **Communication & Interaction** | **Cognition & Learning** | **Social, Emotional & Mental Health** | **Sensory and/or physical** |
|  |  |  |  |

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| **Summary of the child’s/young person’s strengths and Special Educational Needs:** |
|  **Strengths** | **Needs** |
| **Communication & Interaction** |  |  |
| **Cognition & Learning** |  |  |
| **Social Emotional and Mental Health** |  |  |
| **Sensory and/or Physical Needs** |  |  |

**Health needs that relate to the young person’s Special Educational Needs**

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| --- |
| **Has any diagnosis been made? If so what is the diagnosis, who gave the diagnosis and on what date?****(Attach the letter of diagnosis to this application)** |
|  |

**Social Care needs that relate to the young person’s Special Educational Needs**

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| --- |
| **Social Care/Family Support (TAF, CIN, CP, CYPIC). Summarise the relevant information and attach copies of relevant and up to date information/advice** |
|  |

**Assessment Data**

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| --- |
| **Progress Information**  |
| **Attainment data since admission (Maths, English and Science progress as a minimum):** |

**Early Years**

|  |
| --- |
| **Early Learning Goals** |
| **Date** | **Age****Months** | **Communication & Interaction** | **Physical Development** | **Personal, Social & Emotional** | **Literacy** | **Maths** | **Understanding the World** | **Expressive Art & Design** |
|  |  | L,A& U | S | GMS | FMS | SR | MS | BR | C | W R | W | N | NP | PP | PPC | TNW | C w M | BI&E |
| **Baseline on entry** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Any Additional Information i.e., additional support the setting has provided for this child e.g. Early years inclusion funding.**  |
| State how many hours the child is attending the setting per week and if they are in receipt of Tax-Free Childcare.  |

|  |
| --- |
| **Please complete the table below with any other recent assessments/interventions including Alternative Provision. Include reports from other Agencies.** |
| **Name of test/intervention/provision:** | **Description**: |
|  |  |
|  |  |
|  |  |

**Current Support Arrangements**

**Assess, Plan, Do and Review**

This section should demonstrate the graduated approach and current support arrangements. Please attach the Assess, Plan, Do and Review cycles you have completed over the last 12 months, indicating where you have sought specialist advice and the impact.

Please attach a **separate** costed provision map to show how the school is implementing the notional SEN budget at SEN Support level.

|  |
| --- |
| **Other professionals involved/documentation to support the request** |
| Please list details of attached reports/evidence from appropriate Services. Do not include any reports that are over 12 months old, unless they are a diagnosis. Reports must be on headed paper and signed. If a service is involved with the young person, a report must be submitted to record their assessment and recommendations.  |
| **Is the young person currently under Child, Adolescent Mental Health Service? CAMHS** |
| **No:** | **Yes:**State which CAMHS involvement: Bury/Salford etc? | **Awaiting appointment:**State date of involvement: | **Under assessment:**State practitioner. |
|  |  |  |  |
| **Name**  | **Service** | **Email** | **Dates of involvement:****Report attached:** |
|  |  |  | [ ]  |
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