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

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| **Full name of child/young person** |  |
| **Known name** |  |
| **Unique Pupil Number** |  |
| **Gender** |  |
| **Date of birth** |  |
| **Disability/category of need** |  |
| **Religion** |  |
| **Ethnicity** |  |

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| **Languages spoken at home** |  |
| **Interpreter required?** | **Yes** **No****If yes, which language?** |

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| **Name of person(s) with parental responsibility** |  |
| **Relationship** |  |
| **Address** |  |
| **Post code** |  |
| **Contact number** |  |
| **Email** |  |

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| **Name of person(s) with parental responsibility** |  |
| **Relationship** |  |
| **Address** |  |
| **Post code** |  |
| **Contact number** |  |
| **Email** |  |

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| **Current year group** |  |
| **Home address and post code** |  |
| **Telephone number** |  |

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| **Name of setting attended** |  |
| **Setting address and post code** |  |
| **Telephone number** |  |
| **Date of admission to setting** |  |

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| **Name of person making the request** |  |
| **Role** |  |
| **Contact details (email/address/****phone)** |  |
| **Looked After Child** | YesNo |
| **Child Protection/Child in need** |  |
| **Is the child in receipt of high-level early years inclusion funding which has been reviewed at least once?** | YesNoIf yes, you do not need to complete Section A or C, but complete the remainder of the form and attach the request and review forms. |

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| **Section A****Reason for Education, Health and Care Needs Assessment** |
| **Main area(s) of need** | **Description of need** |
| **Cognition and Learning** |  |
| **Communication and Interaction** |  |
| **Social, Emotional and Mental Health** |  |
| **Sensory and/or Physical Needs** |  |
| **Self Help and Independence and/or Preparation for Adulthood**  |  |
| **What is working well for the child/young person?** |  |
| **What isn’t working well for the child/young person?** |  |
| **What is the impact of the child/young person’s difficulties on their learning? How does this link to the area(s) of need identified above?** |  |

Special Education Provision

For the main areas of need identified in this assessment, what strategies have been put in place by practitioners and by parents/carers? What impact have they had on needs? (use quantifiable evidence where possible). For school aged children please use the ‘record of interventions and outcomes’

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| **Desired Outcome** | **Intervention/Provision** | **Review of Intervention** |
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| Provision Map |
| **Please provide information on what the cost implications have been (if any) as result of your interventions. Please attach information as appropriate.** |
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| Analysis and conclusions |
| **Why does this young person require an Education, Health and Care Plan now?** |
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| Section BHealth |
| **Does the child/young person have a formal diagnosis or medical condition?** | YesNoIf yes, please give details |
| **Does the child/young person have ongoing and lasting health needs that will require specialist treatment for the foreseeable future?** | YesNoIf yes, please give details |
| **Are these health needs likely to impact on the child’s / young person’s current and future educational progress and attainment?** | YesNoIf yes, please give details |

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| Social Care |
| **Is the child/young person known to Social Care?** | YesNoIf yes, please name the team and social worker |
| **What is the status of the child/young person?** | Child in NeedSubject of Child Protection PlanLooked afterNone of these |
| **Does the child/young person have access to short breaks or respite provision?** | YesNoIf yes, please give details |

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| External Agencies |
| **Agency** | **Name/Role/Contact Details** | **Report attached?****Y/N** | **Date of Report** | **Date of referral** |
| **Portage Service** |  |  |  |  |
| **Area SENCOs** |  |  |  |  |
| **Educational Psychology Service** |  |  |  |  |
| **Language and Autism Support Team** |  |  |  |  |
| **Hearing Impairment Service** |  |  |  |  |
| **Visual Impairment Service** |  |  |  |  |
| **Tuition Service** |  |  |  |  |
| **The Octagon (TBAP)** |  |  |  |  |
| **Home Education** |  |  |  |  |
| **Community Paediatrics Medical Team** |  |  |  |  |
| **Speech and Language Therapy Service** |  |  |  |  |
| **Occupational Therapy Service** |  |  |  |  |
| **Physiotherapy Service** |  |  |  |  |
| **Child and Adolescent Mental Health Service (CAMHS)** |  |  |  |  |
| **Health Visitor** |  |  |  |  |
| **School Nursing** |  |  |  |  |
| **Dietician** |  |  |  |  |
| **Specialist Hospital (e.g. Great Ormond Street Hospital)** |  |  |  |  |
| **Early Help** |  |  |  |  |
| **Youth Offending Service** |  |  |  |  |
| **Education Welfare Office** |  |  |  |  |
| **Other** |  |  |  |  |

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| Section CEducational Attainment and Progress |
| **Attendance** |  |
| **Punctuality**  |  |

**Early Years Foundation Stage summary** – please attach the developmental profile

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| **Areas of Learning** | **Baseline assessment****Date:****Age:** | **Latest assessment****Date:****Age:** |
| Personal, Social, Emotional Development | Making relationships |  |  |
| Self-confidence and self-awareness |  |  |
| Managing feelings and behaviour |  |  |
| Communication and Language | Listening and attention |  |  |
| Understanding |  |  |
| Speaking |  |  |
| Physical Development | Moving and handling |  |  |
| Health and self-care |  |  |

Primary and Secondary School Attainments and Progress

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| **Please provide a key as to what the grading means: i.e 6b, 6wb what does this mean and what is expected?** |

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| Year |
| **Year**  | **R** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** |
| **Key****Stage** |  | **1** | **1** | **1** | **2** | **2** | **2** | **3** | **3** | **3** | **4** | **4** |
| **English Speaking and Listening** |  |  |  |  |  |  |  |  |  |  |  |  |
| **English Reading** |  |  |  |  |  |  |  |  |  |  |  |  |
| **English Writing** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Maths** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Science** |  |  |  |  |  |  |  |  |  |  |  |  |

Post 16 Education Attainments and Progress

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| **Level** |  |  |  |  |  |  |  |
| **Subject/course** |  |  |  |  |  |  |  |

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| **Please provide a key as to what the grading means: i.e what does this mean and what is expected?** |

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| Section D |
| **My Views, Interests and Aspirations** |
| My story***(If assessment agreed this page will be incorporated into Part A of the EHC Plan)*****Tell us about the important things that have happened in your life so far? (This should solely be the child’s voice as far as possible, there is additional space available for parent’s views) *maximum 500 words*** |
| As told by:  |

Pen Portrait

*(If assessment agreed this page will be incorporated into Part A of the EHC Plan)*

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| Please attach a photo of child/young person or choose a picture of something they are interested in which will be used on the EHC plan if agreed.  |

As reported by:

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| How I communicate any support I need: | What people like and admire about me: |
| What I find difficult: | What I find easy: |
| My likes and dislikes: | How best to support me: |

Who is important to me?

*(If assessment agreed this page will be incorporated into Part A of the EHC Plan)*

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| **Family** |  |
| **Friends** |  |
| **Other people** |  |

My Dreams and Aspirations for the future

*(If assessment agreed this page will be incorporated into Part A of the EHC Plan)*

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| Me: |
| My Parent(s)/Carer(s): |

Section E

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| **I agree to this request for Statutory EHC Needs Assessment and agree to Haringey Council sharing this information with relevant agencies.** **Data Protection Statement:** Data Protection Act 2018 Right to be Informed – Privacy NoticeWe need your personal information so that we can make decisions about providing the right services, to support your child’s education health and care. Our Data Protection Act 2018 basis for processing is: Processing is necessary for compliance with a legal obligation. The legal obligations are contained in the Children Act 1989 & 2004 and Children & Families Act 2015. If you do not provide your information, we will not be able to provide you with a service. Haringey Council holds your information securely; it will not be transferred overseas or to anyone except service providersHaringey Council’s Record of Processing Activities sets out full details of why and how we use personal information. You can view this and our [Privacy Statement](http://www.haringey.gov.uk/contact/privacy-statement) on our website.You have a right to access the information that we hold and have inaccurate information corrected. Please see the information on the [Data Protection](http://www.haringey.gov.uk/contact/information-requests/data-protection) section of our website for details of your legal rights relating to how we use your personal data and how to exercise those rights. |

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| **Parent(s)/Carer(s) Signature:** |  | **Date:** |  |
| **If 16 or over Young person’s signature:** |  | **Date:** |  |

Views of Head of Educational Setting

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| **Signature:** |  | **Date:** |  |
| **Print name:** |  | **Position:** |  |

Evidence Checklist

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| Have you attached? | **Y/N** |
| **Evidence of 2 cycles of advice, if available, implementation of SEN Support plan in a timely manner and review of progress with the involvement of external agencies and parent/carers (including baseline and progress measures, review dates and subsequent adaptations to targets and strategies).** |  |
| **SEN Support Plans and minutes of Team Around the Family meetings from the last 12 months** |  |
| **Recent reports from other professionals, e.g. Speech and Language Therapist, Educational Psychologist, medical evidence.****Any supporting reports provided should be up to date and normally no more than 18 months old. For children who are under 5 years old, supporting reports would normally be less than 12 months old. Reports that are more than 2 years old will not be considered.** |  |
| **Provision Map (including costings)** |  |
| **Child/Young Person’s One Page Profile** |  |
| **Information about exclusions, including exclusions from lessons** |  |

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| Please send this form to:**For Early years and up to and including Year 5 -****SENDTeam1@haringey.gov.uk****For children in years 6 to 11-** **SENDTeam2@haringey.gov.uk****For young people in year 12 onwards -** **SENDTeam3@haringey.gov.uk** |