# Application Form for EHCP Request

# WIRRALLogoLoRes Children and Young People’s Department

# Julia Hassall

## Director

**SNRI Form**

**REQUEST FOR AN EDUCATION, HEALTH AND CARE STATUTORY ASSESSMENT**

*The information on this form is confidential to the pupil, individuals with parental responsibility and those people professionally involved. This form should be signed by the parent/main carer, Headteacher and SENCO and an electronic copy returned to the SEN Team at Hamilton Building.*

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| **Parent/Main Carers’ Consent**  I/we agree that this information can be sent to the Director so that a Panel can consider requests for:  **Pupil Funding Agreement**.  If this request is successful we give consent for information to be shared with other relevant agencies for assessment purposes.  Parents are advised that there may also be exceptional circumstances where information may be shared with other agencies in line with the Data Protection Act 1998.  **Parents/Main Carers** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Parents/Main Carers** ­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. **Child/young person’s details SCHOOL/SETTING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| Name: | | | |
| Date of Birth: | Age: NCY: | | Gender: |
| Home address:  Telephone Number: Post Code: | | | |
| Home Language:  Interpreter Needed? Yes/No | | CAF: Yes/No  Child in Need: Yes/No  Looked After Child: Yes/No  If Yes, which Authority? | |

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| **2. Persons with parental responsibility** | |
| Name:  Relationship to pupil:  Address:  Post Code  Telephone Number: | Name:  Relationship to pupil:  Address:  Post Code  Telephone Number: |
| **3. School Details** | |
|  | |
| Attendance over last 12 months: | |
| Previous schools, with dates attended: | |
| **4. Pupil’s Views** *(Your own format can be attached for pupil views and numbered as 4))* | |
|  | |
| **5. Parent/Carer Views** *(Your own format or letter can be attached and numbered as 5)* | |
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| **6. History of CYP to date (What was working well- what has changed and over what period of time)** | |
| ***This should include the following***   * ***CYP history since starting with you*** * ***Date when discussion took place with SENCo to access element 2 funding*** * ***Detail of how the element 2 funding was used to support the CYP*** * ***Success of those interventions*** * ***If PFA funding request has been submitted. If not please explain why.*** | |
| **7. Outline the targeted evidence based and well-founded interventions that are in place** | |
| ***This should include interventions that have been agreed with Educational Psychologist, ASC team, SpLD team, behavior team etc. and parents. If the CYP has not been seen by any additional services please outline the interventions that the school has deemed appropriate. Indicate why no other professionals have supported the CYP*** | |
| **8. Outline why a request for an Education, Health and Care Statutory Assessment is being made.** | |
| ***This should include evidence that***   * ***Significant differentiation, relevant to the CYP’s areas of need, to promote progress and access to the curriculum has continued for a reasonable period of time.*** * ***Targeted, evidence based and well-founded interventions, relevant to the CYP’s needs have continued for a reasonable period of time.*** * ***There have been regular reviews of the CYP’s progress in response to:***   + ***The above specialist advice, differentiation and intervention.***   + ***The further provision which is in addition to those which are ordinarily available within the school’s resources.*** * ***The Plan, Do and Review cycle has been adhered to and despite the substantial adaptations made and the further provision which is in addition to that which is ordinarily available within the school’s resources or through a PFA, a higher level of support / provision is needed to meet the needs of the CYP and promote progress.*** * ***Involvement of CYP’s parents / guardians.*** | |

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| **9. In order to give the panel a full picture please identify any other areas of need** | | |
| **Additional Needs** |  |  |
| Cognition and Learning | Specific Learning Difficulty (SpLD) |  |
| Moderate Learning Difficulty (MLD) |  |
| Severe Learning Difficulty (SLD) |  |
| Social, Emotional and Mental Health | Social, Emotional and Mental Health |  |
| Communication and Interaction | Speech, Language and Communication Needs (SLCN) |  |
| Sensory and/or Physical | Visual Impairment (VI) |  |
| Hearing Impairments (HI) |  |
| Multi Sensory Impairment (MSI) |  |
| Physical/Medical Disability |  |

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| **10. Basic Skills Achievements** | | | | | | |
| **10a. Early Years Foundation Stage Profile data (Good Level of Development)**  ***this may include comparative profile between CYP and average profile (simple comparative graph very useful)*** | | | | | | |
| **10b. P Scales /NC Levels (for past history) and or Age Related Scores (ARS)**  ***Make sure that ARS can be easily interpreted by panel*** | | | | | | |
|  | 2 years ago | | 1 year ago | | Current | |
|  | Yr Group | P/NC/ARS | Yr Group | P/ARS | Term | P/ARS Level |
| Reading |  |  |  |  |  |  |
| Writing |  |  |  |  |  |  |
| Number |  |  |  |  |  |  |
| Science |  |  |  |  |  |  |
| **10c. Include here any narrative on the scores that you want to highlight** | | | | | | |

**11a/b and 12 a/b**

If only element 2 funding has been accessed boxes 11a and 11b should be completed.

If CYP has had a PFA, then only boxes 12a and 12b should be completed.

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| **11a Evidence of FIRST PREVIOUS Assess, Plan, Do, Review Cycle Showing Use of Element 2 Funding. Date from …….. to………..** | | | | | |
| Area of Need | Costed Provision | Who | Whole class/ group/ individual | Predicted Outcomes that were outlined at start of CYP accessing element 2 funding | Success CYP has made towards achieving these. |
| Cognition and Learning |  |  |  | 1  2  3  4 | 1  2  3  4 |
| Communication and Interaction |  |  |  | 1  2  3  4 | 1  2  3  4 |
| Social, Emotional and Mental Health |  |  |  | 1  2  3  4 | 1  2  3  4 |
| Sensory and Physical |  |  |  | 1  2  3  4 | 1  2  3  4 |

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| **11b Evidence of SECOND PREVIOUS Assess, Plan, Do, Review Cycle Showing Use of Element 2 Funding. Date from …….. to………..** | | | | | |
| Area of Need | Costed Provision | Who | Whole class/ group/ individual | Predicted Outcomes that were outlined at start of CYP accessing element 2 funding | Success CYP has made towards achieving these. |
| Cognition and Learning |  |  |  | 1  2  3  4 | 1  2  3  4 |
| Communication and Interaction |  |  |  | 1  2  3  4 | 1  2  3  4 |
| Social, Emotional and Mental Health |  |  |  | 1  2  3  4 | 1  2  3  4 |
| Sensory and Physical |  |  |  | 1  2  3  4 | 1  2  3  4 |

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| **12a Evidence of FIRST PREVIOUS Assess, Plan, Do, Review Cycle Showing Use of PFA Funding. Date from …….. to………..** | | | | | |
| Area of Need | Costed Provision | Who | Whole class/ group/ individual | Predicted Outcomes that were outlined at start of CYP accessing element 2 funding | Success CYP has made towards achieving these. |
| Cognition and Learning |  |  |  | 1  2  3  4 | 1  2  3  4 |
| Communication and Interaction |  |  |  | 1  2  3  4 | 1  2  3  4 |
| Social, Emotional and Mental Health |  |  |  | 1  2  3  4 | 1  2  3  4 |
| Sensory and Physical |  |  |  | 1  2  3  4 | 1  2  3  4 |

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| **12b Evidence of SECOND PREVIOUS Assess, Plan, Do, Review Cycle Showing Use of PFA Funding. Date from …….. to………..** | | | | | |
| Area of Need | Costed Provision | Who | Whole class/ group/ individual | Predicted Outcomes that were outlined at start of CYP accessing element 2 funding | Success CYP has made towards achieving these. |
| Cognition and Learning |  |  |  | 1  2  3  4 | 1  2  3  4 |
| Communication and Interaction |  |  |  | 1  2  3  4 | 1  2  3  4 |
| Social, Emotional and Mental Health |  |  |  | 1  2  3  4 | 1  2  3  4 |
| Sensory and Physical |  |  |  | 1  2  3  4 | 1  2  3  4 |

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| **13.** | | |
| Supporting documents:  Please check that you have included all up to-date documentation relevant to this submission, and that they are:   * less than twelve months old * headed as below   Submission supported by (please tick) : | | |
| A | One Page Profile |  |
| B | Early Years/previous schools where appropriate |  |
| C | Evidence of Plan, Do, Review Cycle (At least Section 11a and b completed) |  |
| D | Behaviour Assessment Reports e.g. SDQ, Connors, ELS, etc. |  |
| E | Personal Education Plan (PEP) Looked After Child |  |
| F | Risk Assessment (physical/medical needs) |  |
| G | Specialist Advice   * Educational Psychology * Physical and Medical Needs * Sensory * Autism Social Communication Team * Early Years/School Readiness * Specialist Outreach Teachers e.g. Gilbrook, SENATT, Orrets, Kilgarth, other |  |
| H | Medical Information |  |
| I | Other (e.g. Speech and Language Service, Social Care, Physiotherapy, etc |  |
| **14. Having completed this form is there any additional information you feel is relevant and that you have not been able to incorporate** | | |
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| **Designation** | **Signature** | **Name** | **Date** |
| **Headteacher** |  |  |  |
| **SENCO** |  |  |  |

**Where an application is for a child who is due to start school, the Setting must obtain the signature of the Headteacher of the school the child is to transfer to.**

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| **Designation** | **Signature** | **Name** | **Date** |
| **Setting Manager** |  |  |  |
| **Headteacher** |  |  |  |

**Completed forms to be submitted to: SEN Team, CYPD, Hamilton Building, Conway Street, Birkenhead, Wirral CH41 4FD.**

**Please check that you have completed all necessary sections.**

**Please remember these documents will be photocopied so use treasury tags where possible and avoid using plastic wallets.**

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| **OFFICE USE ONLY** |
| Date Received: Panel Date:  Decision to Assess: YES/NO |