**CHILDREN & FAMILIES ACT 2014**

**SCHOOL OR SETTING REQUEST FOR AN EDUCATION, HEALTH AND CARE ASSESSMENT**

SNR1

 

*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/young person and Lead Professional then returned to the SEN Team accompanied by the Additional Support Plan (ASP). Parental views must have been included in the formulation of the ASP prior to this request being made.* ***However if Parents/Carers wish to add further information at this early stage, please attach to this application.*** *Should the request for assessment result in the initiation of an EHCP assessment further opportunity will be provided for Parents/Carers to contribute their views.*

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| |  | | --- | | **Parents/Main Carers/Young Person’s Consent**  I/We agree that this information can be sent to the Local Authority so that the request for an Educational Health and Care assessment can be considered.  If an Integrated Education Health and Care Assessment is initiated 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/MainCarers/YoungPerson(signature)……………………………………………………………Date:………………....** | |

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| 1. **Child/young person’s details** | | | |
| Name: | | School/Setting: | |
| 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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| 1. **Persons with parental responsibility** | | | |
| Title:  Surname:  Name (please include ALL middle names)  Relationship to pupil:  Address:  Post Code  Telephone Number: | | Title:  Surname:  Name (please include ALL middle names)  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** **and Aspirations** *(Your own format can be attached for pupil views and numbered as 4)* | | | |
|  | | | |
| **5. Parent/Carer Views and Aspirations** *(Your own format or letter can be attached and numbered as 5)* | | | |
|  | | | |
| **6. Pen Portrait/Summary of Pupil’s Strengths and Weaknesses** | | | |
| Key Pupil strengths and participation in school life  Key Areas of school life that are challenging | | | |
| **7. 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 | | | |
| **8. 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* | | | |
| **9. 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 Assess, 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. | | | |
| **10. In order to give the LA 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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| **11. Basic Skills Achievements** | | | | | | |
| **11a. 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) | | | | | | |
| **11b. 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 | |
|  | Year Group | P/NC/ARS | Year Group | P/ARS | Term | P/ARS Level |
| Reading |  |  |  |  |  |  |
| Writing |  |  |  |  |  |  |
| Number |  |  |  |  |  |  |
| Science |  |  |  |  |  |  |
| **11c. Include here any narrative on the scores that you want to highlight** | | | | | | |

**12a/b and 13 a/b**

If only element 2 funding has been accessed boxes 12a and 12b should be completed.

If CYP has had a PFA

* When was PFA started?
* When was last review?

Please fill in 13a and 13b accordingly

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| **12a 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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| **12b 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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| **13a 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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| **13b 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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| **14. 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. |  |
| **15. Having completed this form is there any additional information you feel is relevant and that you have not been able to incorporat** | | |
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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 should be e mailed to:** [**senreferrals@wirral.gcsx.gov.uk**](mailto:senreferrals@wirral.gcsx.gov.uk)

**Please attach your current and last two evaluated ASP’s if available and any associated SEND Paperwork.**

**Requesting an Education, Health and Care Needs Assessment**

1. **Overview**

**1.1** For the majority of Children and Young People their needs will be met through the resources ordinarily available to schools. Schools should have a clear approach to identifying and intervening early to SEN. The Code of Practice states that when schools offer high quality teaching that is readily available to all, fewer pupils will require additional support. However where there is a need for additional support this can be accessed through Element 2 funding (already devolved to school) or, Element 3 funding. The Element 3 funding can be accessed through a Pupil Funding Agreement or through a request for an Education Health and Care plan assessment.

* 1. When we consider whether an EHC needs assessment is necessary, the Local Authority will make its judgements based on the evidence presented by the school.

1. **Evidence**

The evidence is scrutinised with regard to the following criteria.

**2.1** There is a continuation of significant differentiation, relevant to the CYP’s areas of need, to promote progress and access to the curriculum. This has continued for a reasonable period of time.

* 1. There is a continuation of targeted, evidence based and well-founded interventions, relevant to the CYP’s needs. This has continued for a reasonable period of time (usually regarded as two terms).
  2. The SENCO has sought further specialist advice e.g. EP consultation, where concerns with regard to the CYP’s needs and progress have persisted. If not they have indicated why.
  3. Both the differentiation and intervention reflect the specialist advice received and both have been implemented for a reasonable period of time.
  4. 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.

**2.6** 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), it is evidenced that a higher level of support/provision is needed to meet the needs of the CYP and promote progress.

* 1. Recognised assessment, over a reasonable period of time and from a variety of sources, suggests that the CYP’s difficulties with cognition and learning fall within the moderate or severe range and impact upon all areas of cognition and learning.
  2. A review, including relevant agencies is completed and provides a description, how an Education and Health Care Plan (EHCP) will promote the progress of the CYP towards their outcomes.

**2.9** SENCO provides evidence of the involvement of CYP’s parents/guardians.

1. **Requesting a EHC Assessment**

All requests for EHC Assessment will be considered by the Decision Making Group (DMG) at Hamilton Requests must include completed EHC Request Form and accompanying evidence.

If the Local Authority decides that an EHC Needs Assessment is required it must communicate the decision within 6 weeks of receiving the request. In normal practice this is communicated to Headteachers within 10 working days following the meeting.

1. **The Assessment**

The Local Authority when conducting an assessment will request information from key providers. This will naturally include the CYP’s school who are required to provide the educational advice. When the Local Authority requests this information, schools **must** respond in a timely manner and within a maximum of 6 weeks from the date of the request.