



# School / setting request for an EHC needs assessment PILOT FORM

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**Part 1**

**Child/Young Person's Details**

Surname													
Forename													
Middle Names													
Date of Birth						Gender							
Home Language						Religion							
Interpreter needed?													
UPN													
NHS No.													

Ethnicity	Please tick		Please tick
Asian – Bangladeshi		Mixed – White & Black Caribbean	
Asian – Indian		Other Asian Background	
Asian – Pakistani		Other Black Background	
Black – African		Other Mixed Background	
Black – Caribbean		Other White Background	
Chinese		Traveller of Irish Heritage	
Gypsy/Roma		White British	
Mixed – White & Asian		White Irish	
Mixed – White & Black African		Other	
		Refused	

**Contact Details:**

**Child/Young Person's main home address \***

(If parents live separately and the child/young person spends time living with both parents, the address must be the address where the child/young person lives for more than 50% of the year.)

Flat/Apartment Name or Number	
House Name / Number	
Street Name	
Locality	
Town	
County	
Postcode	
Telephone	

Is the above address a carer(s) address?      YES / NO

If YES, name of Carer(s): \_\_\_\_\_

Is the child/young person in the care of Social Services?      YES / NO

If YES:

Local Authority with Parental Responsibility	
Name of Social Worker	
Address	
Telephone Number	
E-mail Address	

Parent / Guardian Details (1) \*

Title		Surname		Forename	
Relationship to Child/Young Person					
Mobile Telephone No					
Work Telephone No					
Private E-mail Address					

Parent / Guardian's Address, if different from child/young person \*

Flat/Apartment Name or Number	
House Name / Number	
Street Name	
Locality	
Town	
County	
Postcode	
Telephone	

Parent / Guardian Details (2) \*

Title		Surname		Forename	
Relationship to Child/Young Person					
Mobile Telephone No					
Work Telephone No					
Private E-mail Address					

Parent / Guardian's Address, if different from child/young person and/or different from Parent (1) \*

Flat/Apartment Name or Number	
House Name / Number	
Street Name	
Locality	
Town	
County	
Postcode	
Telephone	

Are there any other adults with parental responsibility for this child/young person?

YES / NO

If YES, please give details below.

Title:	Title:
Forename:	Forename:
Surname:	Surname:
Address:	Address:
Contact:	Contact:

Do parents have any access issues e.g. disability, a literacy barrier	Yes	No
If yes please provide details of any reasonable adjustments that the LA will need to take into account to support the family through this process.		

**Part 2 Reasons for request**

Placement History

Current School/Setting	State Date		
Previous School/Setting(s)	Start Date	Date off roll	Reason for the move

If a preschool request does the child attend more than one setting? YES / NO

Is the child accessing 30 hours free childcare in nursery? YES / NO

Is this child/young person registered or taught predominantly outside of his/her chronological year group? YES / NO

If YES, please give details:

**Brief Summary of why the request is being made**

*In no more than 200 words please explain why you are making a referral for an EHC needs assessment. This should focus on a brief description of the needs of the child, information about what you have already done to support the child or young person and what outcome is being sought should an EHC plan be issued (i.e. additional funding, consideration of alternative placement for example).*





**What do you think is working well at the moment?** *(Include details about what is happening in school or other educational setting, community activity, interests and clubs)*

**Do you have any services supporting your family?** *(i.e. Inclusion & Support, social care, Early Help, Disabled Children's Team)*

**Who else helps you?** *(i.e. extended family, community groups, parent groups)*

**Is there anything else you would like to tell us about your family?**

#### **Part 4 Child Views – One Page Profile**

*Please gather what is important to the child or young person, what activities and hobbies they like, important people to them, what they don't like, how they feel about school, who helps them and what they would like to get better at using a one page profile. You are able to attach this as a separate document rather than include it in the EHC needs assessment form if you prefer. See Appendix A for further details about how to complete a one page profile, example templates and working examples.*

## Part 5 Indicator1 - Description of Need

Please indicate the primary area of need using 1. Please then indicate any other areas of need in rank order of importance from 2 to 4, where appropriate. (i.e. 1 = primary need, 2 = secondary need etc.) You do not need to rank an area of need that does not apply to the child/young person.

Cognition and Learning	Communication and Interaction	Social, Emotional and Mental Health	Physical/Sensory/Medical

Please provide more specificity by indicating areas of need that apply, again using a ranking order with 1 showing primary area of need.

Moderate learning difficulties		Speech and language difficulties		Social difficulties		Physical difficulties	
Specific learning difficulties		Autistic Spectrum Disorder		Emotional difficulties		Visual impairment	
Severe learning difficulties		Social communication difficulties		Mental health difficulties		Hearing impairment	
Profound and multiple learning difficulties				ADD/ADHD		Medical difficulties	

Are there any other known significant factors relating to their SEN? If yes attach copies of relevant information/advice

Health Yes  No

Home Circumstances Yes  No

Attendance Yes  No

Social Relationships Yes  No

Please provide a brief description of need (no longer than 500 words) about the nature, extent and context of the child or young person's special educational need and impact on access to the curriculum.

**You must use Telford and Wrekin's published criteria (see Appendix B) to show that the need is significantly greater than other learners of the same age and is likely to be long term. For ease, the criteria has been coded and you should make reference to those codes in your description. Published criteria can also be found at [www.telfordsend.org.uk](http://www.telfordsend.org.uk)**

## **Part 6 Indicator 2 – The graduated approach**

**Please describe** the support that has been put in place over time to meet the child or young person’s special educational need.

*Please provide an explanation of the actions you have already taken to meet the child or young person’s special educational need. You need to include detail of when SEN support was first initiated and how many cycles of Assess, Plan, Do, Review (APDR) have happened.*

*You can use the tables below to describe your APDR cycles or you are able to include recent (i.e. not older than 12 months) individual learner support plans/provision maps to evidence your graduated approach. Don’t forget these must show the child’s targets and be amended in light of previous cycles of APDR. The most recent individual learner support plans/provision maps must show evidence of how you have drawn on more specialist expertise from outside professionals.*

How to fill out the APDR tables below

What did you do?	For how long?	What was the impact?	What did you do next?
This should include detail about what you are targeting and what intervention you put in place.	When did this begin and when did it end?	How much progress did the child make compared to where they started?	What worked? What did not? Did you change targets or the intervention? Did you change the frequency of intervention? Did you seek more specialist input?

### **APDR cycle 1**

What did you do?	For how long?	What was the impact?	What did you do next?

### **APDR cycle 2**

What did you do?	For how long?	What was the impact?	What did you do next?

**APDR cycle 3**

What did you do?	For how long?	What was the impact?	What did you do next?

**APDR cycle 4**

What did you do?	For how long?	What was the impact?	What did you do next?

*Please add or delete as many APDR cycles as appropriate. Please remember there is not a specified amount of cycles or a set timeframe before a request for an EHC assessment can be made, although in the majority of cases a number of successive cycles is expected.*

### **Part 7 Indicator 3 – Use of external professionals**

It is likely that you have already specified some outside agencies that have been involved with the child in part 6 when detailing your graduated approach. Please use the table below to specify all professionals that have been involved with the child or young person.

#### **Previous and current support from outside agencies**

Service	Name of professional and contact details	Date of visit, assessment or intervention	Outcome (e.g. advice, assessment, discharge)
Educational Psychology			
LSAT			
BSAT			
Speech and Language			
OT			
Physiotherapy			
CAMHS			
SIS			
EYQT			
Other			

*Please include a copy of any written feedback (within the last 12 months) that has been provided by those professionals.*



## Part 8 Indicator 4 – Provision

### Current support provided

All mainstream schools, settings and colleges are provided with resources to support children/young people with additional needs, including pupils with SEN and disabilities and schools are expected to fund up to £6000 to support those with special educational needs ([section 11, Schools and Early Years Finance Regulations, 2015](#)). Please identify the provision made from the school/ colleges delegated budget).

Type of provision with staff to pupil ratio (in class, small group, 1:1)	Objective of provision	Frequency & Duration	Delivered by	Start date	Annual Cost
<b>Annual Cost</b>					

**Additional support required** – list what additional support is required over and above that already provided. This should be based on recommendations of the outside professionals you have been working with during the graduated approach.

Type of provision with staff to pupil ratio (in class, small group, 1:1)	Objective of provision	Frequency & Duration	Recommended by which outside professional?	Start date	Predicted Annual Cost
<b>Annual Cost</b>					

\*NB: Schools can include their own documentation (scanned provision map/spreadsheet etc.) to evidence the costed provision. This **must** show annual costs.



Level of Progress

Please provide details **of last 3 years' progress**, where you are able, and information with regards to the school's method of tracking progress.

You must explain your setting's tracking system as they are now all unique. You must show us the 'whole scale' and it must be clear how far behind the child is, relating to the curriculum, compared to peers of the same age. Top Tip: **Do not** state 'below age related expectation' as this does not specify how far below the child is performing in comparison to their peers.

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Qualifications achieved to date:  
(GCSEs, ASDAN, A levels, BTEC etc.)

Qualification	Grade Achieved	Date Achieved

History of Test Data:

Test data must be included in chronological order.  
Standardised scores and percentiles must be given.

Name of Test	Date	Standardised score	Percentile	Date	Standardised score	Percentile	Date	Standardised score	Percentile

**Part 10 Attendance data**

*At least 3 years attendance data should be provided where available.*

Educational Setting	Dates (from-to)	Percentage attendance

## **Part 11 Medical Questionnaire**

The professional completing this request for an EHC assessment must talk with parents and young people to fill out part 11. Please use the script so that they understand the purpose of the questionnaire:

*As part of the Education, Health and Care Assessment process, the Local Authority is required to seek medical advice. This is because they need to find out whether or not a child's learning at school is affected by a medical condition. The medical questionnaire will be looked at by a Community Paediatric.*

*Parents of children and young people already known to a range of health professionals will be offered the option of a Paediatric appointment for a general health check-up. Where children are not known to other health professionals a paediatric appointment will automatically be offered.*

Child's NHS Number:	
Name of General Practitioner	
Address of medical practice	

### **Medical History:**

Does your child have a diagnosis or suspected diagnosis or any medical conditions e.g. Asthma/Epilepsy/Hearing or Visual problems?
Do you have any concerns regarding your child's health?
Is he/she under the care of any hospital consultants? If so please give the consultant's name and the name of the hospital/clinic

Is your child known to any other Health care professionals? If so please include the names of the people your child sees and what they do?
Does your child have a Health Care Plan? If yes please provide reasons for Plan.
Is your child on any medical treatment? Please give name, doses and times given:
Does your child's health pose any risk to themselves or to others whilst in school? If so, what?
Is there any family medical history you would like to share?
Is there anything else you think we should know?

If you are a parent and you would definitely like a medical appointment to discuss your child's health please tick the box below. Thank you

Please tick: Yes  (Parent)

If you are a young person of 16 years or older, if you would definitely like a medical appointment to discuss your health please tick the box below. Thank you

Please tick: Yes  (Young Person)

**Part 12 Evaluation of pilot EHC assessment of need form and guidance**

How useful was the guidance document?

Not useful					Very useful				
1	2	3	4	5	6	7	8	9	10

*(please tick)*

General comments about the guidance document (i.e. is there anything missing? Is there too much?)

How clear was the EHC needs assessment form?

Not clear					Very clear				
1	2	3	4	5	6	7	8	9	10

*(please tick)*

General comments about the EHC needs assessment form (i.e. is there anything missing / could anything be sharper – more refined?)

Is there anything else (i.e. information / additional guidance) that would make the form easier to complete?

How happy were parents/young people about the questions they were asked when completing the form?

Not clear

Very clear

1	2	3	4	5	6	7	8	9	10

*(Please tick)*

**Any other comments about parental involvement?**

**Any other comments**



**Part 13 Setting declaration**

- The contents of this referral have been shared with parents/carers
- All parts of this form have been completed in full

This form has been completed by:

Name:
Job title:

**Signed**

**(Head Teacher / Owner / Manager / Principal)**

**Date:**

**Signed**

**(SENCo)**

**Date:**

## **Part 14 Parental/carers consent**

Please tick:

- I confirm that my child's educational setting has discussed this referral with me and I have been fully informed in the decision to refer.
- I have worked in partnership with the educational setting to help my child.
- I support the educational setting's view that an EHC needs assessment of my/our child should be considered.
- I agree to assessments by professionals as required. This may include a Community Children's doctor and representative from Children Specialist Services (social care).
- If a needs assessment takes place I agree with papers being shared with educational settings, schools and professionals as and when appropriate.
- I understand that an Education, Health and Care plan will only be agreed by the Local Authority in circumstances where the EHC needs assessment concludes that my/our child has educational needs which are long term, severe and complex.

Signed:  
(Parent/Carer)

Date:

Signed:  
(Parent/Carer)

Date:

Please return this form electronically to [SENDandInclusion@telford.gov.uk](mailto:SENDandInclusion@telford.gov.uk)