## **Sensory and Physical**

## **Education Health and Care Needs Assessment (EHCNA) Guidance**

The Special Educational Needs and Disability Code of Practice (Chapter 9.16) allows Local Authorities to develop criteria for deciding whether to undertake a statutory assessment for an EHC plan. The criteria are flexible, adaptable and not applied as a blanket policy. Whilst the criteria are used to support decision making, each case is considered individually. At all times the local authority applies the statutory tests as described in section 36(8) of the Children and Families Act 2014 to determine the appropriateness of a request for an EHC assessment of need.

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isual Impairment he pupil has a severe or profound visual impairment which impacts extremely upon ehaviour and on individual learning/learning environment.
children and Young People who have a permanent bilateral sensori-neural hearing loss which has resulted in considerable Receptive and /or Expressive linguistic delay as widenced by scores on standardised linguistic assessments.
here will be evidence of long term curriculum access issues and there will be major training sues for staff supporting the pupil.
YP who, when assessed using NatSIP Criteria (National Sensory Impairment artnership) require ongoing regular frequent support, of at least fortnightly frequency, from Teacher of the Deaf.
Vithout a high level of specialist SIS support, attainment levels are unlikely to reflect ability evels and will present a barrier to inclusion in local educational settings and progression to E/HE/training/employment.
he physical difficulties/medical condition is complex, severe and long-term. The pupil equires daily individual interventions from a suitably trained adult and support on a long term asis which is over and above that which schools are expected to provide which costs up to nationally prescribed level per pupil per year. There will be clear evidence provided by the elevant medical consultant supporting the level of provision within the request information. uch pupils may have additional learning, communication or behaviour difficulties requiring pecialist intervention. They may exhibit emotional/behavioural problems (withdrawal, isaffection, reluctance to attend). Rate of learning may be affected by absences, fatigue, nedication
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## Supporting evidence will include:-

Assessi	Assessment, Planning and Review		
SP 7	The LA undertakes identification, assessment and planning with a multi-professional focus and issues an Education, Health and Care Plan.		
SP 8	The Education, Health and Care Plan will specify long-term outcomes and plans for provision. The Provision Map is drawn up from the long-term outcomes and should be reviewed at least three times a year.		
SP 9	A Qualified Teacher of the Visually Impaired (QTVI) assists school/setting by assessing functional vision, assessing need for Braille or large print; advising on equipment required, assessing the school/setting access facilities and planning for learning and physical adaptations		
SP 10	The Provision Map will include vision specific targets, delivery methods and evaluation techniques.		
SP 11	There is clear evidence that the level of professional input from Advisory Teachers and other allied professions is at a high level and ongoing, at least fortnightly in frequency.		
SP 12	There is clear evidence of the need for ongoing School/ Teacher of the Deaf planning meetings to meet pupil need with at least annual video recording by Sensory Inclusion Service to plot longitudinal linguistic progress and development of the skills essential to access the curriculum.		
SP 13	Provision is reviewed at least annually, with those involved in meeting the CYP's needs.		
SP 14	A decision is made at each Review as to whether the pupil continues to require a high level of intervention and is monitored by SEND officers annually		
SP 15	The Provision Map will include vision specific targets, delivery methods and evaluation techniques.		
SP 16	The Education, Health and Care plan will be reviewed at least annually with those involved in meeting the needs of the pupil contributing to the Review. A decision is made at each Review as to whether the pupil continues to require and Education, Health and Care plan. Or whether the needs of the pupil can be met at School Support Level.		
SP 17	The LA monitors the outcome of the Review annually.		
SP 18	The LA undertakes identification, assessment and planning with a multi-professional focus and issues an Education, Health and Care Plan		
SP 19	The Education, Health and Care Plan will specify long-term goals and plans for provision. The IEP is drawn up from the long-term goals and should be reviewed not less than three times a year.		
SP 20	A Qualified Teacher of the Visually Impaired (QTVI) assists school/setting by assessing functional vision, assessing need for Braille or large print; advising on equipment required, assessing the school/setting access facilities and planning for learning and physical adaptations		
SP 21	The Provision Map will include vision specific targets, delivery methods and evaluation techniques.		
SP 22	The Education, Health and Care Plan is reviewed annually with those involved in meeting the needs of the pupil contributing to the Annual Review. A decision is made at each Annual Review as to whether the pupil continues to require and Education, Health and Care Plan. Or whether the needs of the pupil can be met at School Support Level.		
SP 23	The LA monitors the outcome of the Annual Review		
Groupin	g for Teaching		
SP 24	The pupil has access to additional targeted teaching in group time or individually for part of each day. This may include:		





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	Small group/individual time for practising new skills;
	Individualised teaching of new or specialist skills
	Training for mobility and independence in and around the school/setting
SP 25	Training in the use of specialist technological equipment.
SP 26	The pupil has access to considerable additional targeted teaching in small groups or individually for significant parts of the school day
SP 27	The extent of additional and different organisation required is in excess of what would normally be provided in school provision <i>i.e.</i> is within the higher needs bracket above 15 hours support
SP 28	Some pupils may have needs that are better met through more specialist provision either for a short term measure or long term placement.
SP 29	The Teacher of the Deaf liaises with the SENCo/ class teacher and/or subject teachers on issues such as
	Acoustics
	Radio Aid use
	Social and emotional issues
	<ul><li>Curriculum access</li><li>Inclusion issues</li></ul>
	• Inclusion issues
SP 30	The pupil has access to additional targeted teaching in group time or individually for part of each day:
	Small group/individual time for practising new skills;
	Individualised teaching of new or specialist skills
	Training for mobility and independence in and around the school/setting
	Training in the use of specialist technological equipment.
Curricul	um and Teaching Methods
SP 31	Individualised programmes may be required. This may involve the use of specialised equipment
	or teaching techniques or alternative access methods such as Braille (including tactile media),
SP 32	large print use, specialist low vision aids or auditory means.  Joint planning by the key- worker/teacher and the Qualified Teacher of the Visually Impaired or
0. 02	therapist or school nurse to give time for preparation and adaptation of accessible materials.
SP 33	Adaptation of teaching methods e.g. encouraging greater verbalization during lesson delivery,
	enabling handling or close inspection of materials.
SP 34	Usual mainstream groupings may not be appropriate for some areas of the academic curriculum. Extensive individualised programmes may be required.
SP 35	This may involve the use of specialised teaching techniques or alternative access methods
	supported by appropriate equipment and materials. Intervention may include:
	Weekly hearing aid, radio aid checks and electro-acoustic testing of this equipment by the Teacher of the Deaf.
SP 36	Advisory and direct teaching support/pre- tutoring from Teacher of the Deaf.
SP 37	Subject specific issues addressed, advice and implementation on appropriate access
	arrangements for internal and external examinations





SP 38	Individualised programmes may be required. This may involve the use of specialised teaching techniques or alternative access methods such as Braille (including tactile media), large print use, specialist low vision aids or auditory means.
SP 39	Joint planning by the key- worker/teacher and the Qualified Teacher of the Visually Impaired to give time for preparation and adaptation of accessible materials.
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SP 43	Adaptation of teaching methods e.g. encouraging greater verbalization during lesson delivery, enabling handling or close inspection of materials
SP 44	
SP 45	
Human i	Resources
SP 46	Where the LA maintains Education Health and Care plan, SEND officers will monitor this via the Review on an annual basis in partnership with parents/carers SIS or therapists and other relevant specialist agencies.
SP 47	Involvement of other SIS professionals as recommended by the QTVI. These may include specialist mobility input, ICT and low vision aid referrals.
SP 48	Ongoing direct support and advice from external specialists will be provided as specified in the Education Health and Care plan.
SP 49	It is recommended that school/setting staff attend SIS-VI Annual Course and also school/setting based INSET is delivered.
SP 50	The SENCo should lead on planning and evaluation in partnership with parents/carers, the Sensory Inclusion Service and other relevant specialist agencies.
SP 51	Substantial support from visiting Teacher of the Deaf (between 1 and 3 visits per week) to advise and support the school in meeting the CYP needs.
SP 52	Additional TA support time will probably be required in many lessons. For some pupils with exceptional needs there may be a requirement for support in school situations outside the classroom.
SP 53	There is strong evidence that there is a whole school approach to meeting the needs of the pupil with hearing loss (inclusion policy; strategic aims; development of in-house provision; commitment to training such as uptake of places offered on the Sensory Inclusion Service one day course and school based INSET)
SP 54	There is consistent active parent/carer involvement in programmes offered to support the family and CYP.





SP 55	Where the LA maintains Education Health and Care Plan, LA officers will monitor this via the Annual Review in partnership with parents/carers SIS and other relevant specialist agencies.
SP 56	Advisory and direct teaching support/pre-tutoring from a Qualified Teacher of the Visually Impaired (QTVI).
SP 57	Involvement of other SIS professionals as recommended by the QTVI. These may include specialist mobility input, ICT and low vision aid referrals.
SP 58	Ongoing direct support and advice from external specialists will be provided as specified in the Education Health and Care Plan.
SP 59	It is recommended that school/setting staff attend SIS-VI Annual Course and also school/setting based INSET is delivered.



