# Advice from an Educational Setting to support a Parental Education, Health and Care Needs Assessment (EHCNA) Request.

**UPDATED JANUARY 2023**







**Child/Young Person’s Details** \*compulsory

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname\* | | |  | | | | | | | | | | | |
| Forename\* | | |  | | | | | | | | | | | |
| Middle Names | | |  | | | | | | | | | | | |
| Date of Birth\* | | |  | | | | | Gender\* | |  | | | | |
| Home Language\* | | |  | | | | | Religion | |  | | | | |
| Interpreter needed? | | |  | | | | | | | | | | | |
| UPN\* |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| ULN\* |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 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 including postcode\* |  |
| 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. | | |

**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 detailing pupils presenting needs**

*In no more than 200 words please provide 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).*

**Indicator 1 - Description of Need** (compulsory\*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Broad Area of Need\*  Please indicate your identified 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.  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 | Sensory and/or Physical | |
|  |  |  |  | |
| **Primary Area of Need\***  Please provide more specificity by Primary areas of need that apply, again using a ranking order with 1 showing the primary area of need. If an additional need is recorded this should be ranked 2. | | | | |
| Specific learning difficulties | | | |  |
| Moderate learning difficulties | | | |  |
| Severe learning difficulties | | | |  |
| Profound and multiple learning difficulties | | | |  |
| Social Emotional and Mental Health | | | |  |
| Speech language and communication needs | | | |  |
| Hearing impairment | | | |  |
| Visual impairment | | | |  |
| Multi-sensory impairment | | | |  |
| Physical disability | | | |  |
| Autistic Spectrum Disorder | | | |  |
| Other difficulty | | | |  |

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)

**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.*

**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.*

**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).](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484940/SEYFR_government_response.pdf)  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 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Annual Cost** | | | | |  |

**Additional support required –** listwhat 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 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Annual Cost** | | | | |  |

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

**Attainment data/progress over time**

*Please provide the child or young person’s attainment data and how that compares to the expectation for children of the same age. Please use the most relevant table depending on the child/young person’s age.*

|  |  |  |
| --- | --- | --- |
| Early Years Foundation Stage Curriculum Levels: | Date of Assessment: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Personal Social and Emotional Development | Communication and Language | Physical Development |
| Child’s attainment level |  |  |  |
| Where would a child of the same age be expected to attain and how far below is the child? | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Key stage 1/2 Current Attainment | Date |  | NC Year |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | English Reading | English Writing | Maths | Phonics and or SPaG |
|  |  |  |  |  |
| Where would a child of the same age be expected to attain and how far below is the child? | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Key stage 3/4 Current Attainment | Date |  | NC Year |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | English | Maths | Science | Other: Please specify |
|  |  |  |  |  |
| Where would a child of the same age be expected to attain and how far below is the child? | | | | |

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.

|  |
| --- |
|  |

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 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |

**Part 10 Attendance data**

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

|  |  |  |
| --- | --- | --- |
| Educational Setting | Dates (from-to) | Percentage attendance |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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:**