

# School / setting request for an EHC needs assessment FORM

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**Part 1**

**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.		

**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 pre-school 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).*



### **Part 3 Parental views, wishes and aspirations**

It is expected that part 3 of the form will be completed by the professional completing the EHC needs assessment form through discussion with the parent. Once information is placed on the form the parent will need to sign it (part 14), to say that the information is correct and that they are happy for it to be distributed to the various professionals who will be involved in the EHC needs assessment.

*Please refer to paragraph 5.3 in the guidance should a parent wish to work with an alternative professional to complete this part of the request form.*

#### **Name and contact details of professional working with the family to complete section 3**

Title:
Name:
Team:
Contact details:

**Please provide a description of your child now.** *(Include what they enjoy, what and who is important to them and their strengths alongside any concerns. You may want to include details about their friendships and social skills, learning, independence and self-care, general behaviour and well-being).*

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**What are your hopes and aspirations for the future?** *(Include details about goals for the short and long term. Where appropriate consideration should be given to a young person's aspiration for paid employment, independent living and community participation).*

<b>Short Term aspirations (What are you hoping for soon?)</b>
<b>Long Term aspirations (What are you hoping for in the future?)</b>

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

<p><b>Broad Area of Need*</b>          Please indicate your identified primary area of need using 1.          Please then indicate any other areas of need <b>in rank order of importance from 2 to 4</b>, where appropriate.          You do not need to rank an area of need that does not apply to the child/young person.</p>			
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)**

## **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.

**Part 9 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.

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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



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### Medical Questionnaire To inform an Education, Health and Care Assessment

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

In most cases filling in the form gives us all of the information we need and a separate medical appointment may not be necessary. In some cases, we may tell the local authority to ask another agency for more information about the conditions you have described, especially mental health conditions.

If after reading all the information in the child's Education, Health and Care request paperwork, the community children's doctor feels a medical examination is needed, your child will be offered an appointment. The purpose of this medical appointment is to let the local authority know about existing physical health needs that may impact on your child in school and is not intended to be for any diagnostic purpose. Please don't be concerned about being invited to come to meet the Children's Doctor.

It would therefore be helpful if you would complete and return this form to us via the school, who will return it with the other documents you are completing to the Local Authority

#### Personal Details:

Full Name of Child:		
Date of Birth:		
NHS Number:		
Person with parental responsibility (please state relationship to child):		
Address:		
Telephone Number:	Home:	Mobile:
School:		

Name of General Practitioner	
Address of medical practice	

**Medical History:**

Does your child have a formal diagnosis of any medical conditions including mental health condition? Please attach diagnostic letter and relevant correspondence
Do you have any concerns regarding your child's health?
Does your child receive any ongoing input from any health services or are they on a health service waiting list? If so please give the details
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? Is your child on any waiting lists eg SLT
Does your child have an Individual Health Care Plan developed by their school eg for eczema/asthma/allergies/epilepsy? If yes please provide details.
Is your child on any medical treatment? Please give the name (s). If any needs to be given when your child will be attending the education setting please also state this as well as doses and times to be given.
Does your child's health pose any risk to themselves or to others whilst in school? If so, what?

Is there anything else you think we should know?

**Parental Responsibility Declaration**

We are/I am happy that the information we/I have given describes my/our child’s current health/medical needs.

NB. In filling in an assessment request for an Education, Health and Care Plan the Local Authority is entitled to seek medical advice from a Paediatrician and other health professionals. You may be asked to attend a Medical Appointment for this purpose if the Community Children’s Doctor thinks it would be useful for your EHCP assessment. He or she may also telephone you if there are just a few things that need to be asked.

Signed: \_\_\_\_\_ (Parent/Carer)

Signed: \_\_\_\_\_ (Parent/Carer)

Date: \_\_\_\_\_

**Declaration completed by a young person aged 16 or over ( as appropriate)**

I am happy that the information I have given describes my current health/medical needs.

NB. In filling in an assessment request for an Education, Health and Care Plan the Local Authority is entitled to seek medical advice from a Paediatrician and other health professionals. You may be asked to attend a Medical Appointment for this purpose if the Community Children’s Doctor thinks it would be useful for your EHCP assessment. He or she may also telephone you if there are just a few things that need to be asked.

Signed: \_\_\_\_\_ ( Young Person)

Date: \_\_\_\_\_

Thank you for completing this form

**Please return** to Telford SEND Team, Darby House, Lawn Court, Telford TF3 4JA

**Part 12 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 13 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 issued by the Local Authority in circumstances where the EHC needs assessment concludes that it is necessary for special educational needs provision to be made for a child or young person in accordance with an EHC plan.

### **Privacy Notice under the Data Protection Act**

Telford & Wrekin Council are collecting Personal Identifiable Information to enable the best possible advice and support to be provided and to meet the statutory requirements under the Children and Families Act 2014. We need to collect this information in order to consider your request for an Education Health Care Needs Assessment. This information is being processed under DPA – Schedule 2 (2a) (GDPR 2018 -Article 6 (1) (c), Article 6(1)(e) and Article 9(2)(g).

Telford & Wrekin Council will not share any Personal Identifiable Information collected with external organisations unless required to do so by law. However, this information will be shared within Telford & Wrekin Council and partners agencies (Department of Education, NHS, Schools/settings, and Early Years providers) solely for the purpose of providing support to you and your family. For further details on the council's privacy arrangements please view the privacy page on the council's website page <http://www.telford.gov.uk/terms>

Signed:  
(Parent/Carer)

Date:

Signed:  
(Parent/Carer)

Date:

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