EHC Needs Assessment

Guidance and Request Form for Education Settings and Professionals



**UPDATED February 2024**

Special Educational Needs and Disabilities

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**Request for EHC needs assessment**

**GUIDANCE**

The following updated guidance and new EHC assessment form has been produced to support educational settings when requesting an EHC needs assessment. The new EHC needs assessment form and associated guidance, was piloted during the 17/18 Autumn Term by educational settings, and feedback from professionals was that it aligned successfully to the focus on delivering a high-quality graduated approach.

Please note these changes only apply to professionals and educational settings who are making a request for an EHC assessment. Parents and young people should continue to use the documentation and guidance available on the Local Offer at [www.telfordsend.org.uk](http://www.telfordsend.org.uk) if they are considering making a request for an EHC assessment.

**Guidelines for educational settings when requesting an education, health and care assessment**.

1. **Introduction**

**1.1**  This document should be used by educational settings in Telford and Wrekin when making a request for an education, health and care assessment. It has been written in accordance with the Children and Family Act 2014. It sets out local criteria that Telford and Wrekin use to decide when it is necessary to carry out an EHC assessment. The guidelines outline the kind of evidence that would normally be available as an outcome of good practice in meeting the needs of children and young people with SEN and/or disability. The guidelines are not exclusive of any other form of evidence and Telford and Wrekin is committed to depart from criteria where there is a compelling reason to do so in any particular case of where individual circumstances warrant such a departure; as specified within paragraph 9:16 of the SEN Code of Practice, DfE, January 2015.

**1.2** The majority of children and young people with SEN or disabilities have their needs met within their local mainstream early years setting, school or college. Only a small minority of children require an Education, Health and Care (EHC) needs assessment in order for the local authority to decide whether it is necessary for it to make provision in accordance with an EHC plan.

**1.3** In considering whether an EHC needs assessment is necessary, the local authority applies the statutory tests as described in section 36(8) of the Children and Families Act 2014. The Local Authority will undertake an EHC assessment where it is of the opinion that:

(a) the child or young person has or may have special educational needs, **and**

(b) it may be necessary for special educational provision to be made for the child or young person in accordance with an EHC plan.

The local authority will take into account a range of factors in deciding whether it needs to undertake an EHC assessment. For example:

* Evidence of the child or young person’s academic progress (or developmental milestones in younger children) and rate of progress
* Information about the nature, extent and context of the child or young person’s SEN.
* Evidence of the action already being taken by the early years provider, school or post-16 institution to meet the child or young person’s SEN
* Evidence that where progress has been made, it has only been as the result of much additional intervention and support over and above that which is usually provided
* Evidence of the child or young person’s physical, emotional and social development needs.
* Where the person is over 18 whether they require additional time to complete education or training.

To inform decision making the local authority will take into account a wide range of evidence.

**1.4** The local authority is only able to make a decision based on the information it receives. The request for an EHC assessment form acts as the vehicle through which an educational setting is able to describe the actions it has taken to meet a child or young person’s special educational needs through a high quality graduated approach. It is essential that colleagues focus on providing evidence about what it has already done to support a child or young person, alongside the description of concerns and perceived needs, when completing a request for assessment.

**1.5**  Early Years settings, schools and colleges are asked to note the paramount principle of involving children, young people and families from the outset, in a person centred way, at the heart of their practice.

**1.6**  For parents and young people who want to make a request for an EHC assessment there is a separate form that can be found on the local offer [www.telfordsend.org.uk](http://www.telfordsend.org.uk) or you can write to the local authority directly. We recommend that where parents or a young child are considering making a request a discussion is held first with the person responsible for SEND within the child or young person’s educational setting.

1. **Role of Educational Settings**

**2.1** The SEND Code of Practice 2015 sets out the duties which must be observed by early years settings (Section 5), schools (Section 6) and further education providers (Section 7) identifying children and young people with Special Educational Needs and Disabilities (SEND) and providing support for them.

**2.2** Treating people equally means treating them differently according to their needs. All learners are unique and all are entitled to an education that enables them to make progress so that they achieve their best, become confident individuals, live fulfilling lives and make a successful transition into adulthood.

**2.3**  Mainstream early years settings, schools and colleges will support most learners with SEND by making reasonable adjustments to remove or reduce barriers to learning. They will use specific parts of their budget (called ‘notional SEN funding’ and for some pupils ‘Pupil Premium funding’) to create provision that is additional to or different from that made generally for other learners of the same age in school.

**2.4** Settings are required to use their best endeavours in not only identifying children and young people with SEND but also in providing support for them. The support that is ordinarily available must be set out and published by the educational setting and placed on its website.

1. **Considering a request for an EHC Needs Assessment – The Legal Context**

**3.1** The Children and Family Act defines whether a child/young person has special educational needs and requires an EHC Needs Assessment. A child or young person has SEN if they have a learning difficulty of disability which calls for special education provision to be made for him or her.

**3.2** A child or young person has a learning difficulty if he or she:

* Has a significant greater degree in learning than the majority of others of the same age or
* Has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post 16 provision.

**3.3** A child of under compulsory school age has special educational needs if he or she is likely to fall within the definition above when he/she reaches compulsory school age or would do if special educational provision was not made for him/her.

**3.4**  In some exceptional circumstances, it may be possible for a combination of less severe special educational needs to have a cumulative effect on a child’s educational progress. An EHC assessment will be considered if the cumulative effect may call for special provision which cannot reasonably be provided within the resources normally available to mainstream settings.

**3.5** The four broad categories of need as set out in the SEND Code of Practice 2015:

* Speech, language and communication.
* Cognition and learning.
* Social, emotional mental health.
* Physical, sensory medical.

**3.6** The Local Authority recognises that learners often have needs in several or all areas, and that their needs may change over time. When making decisions the local authority will take into account how complex the learner’s needs are, alongside the quality of the graduated approach used by settings, to determine whether special educational provision, in accordance with an EHC plan, is necessary for the child or young person.

**3.7** We also recognise that there may be exceptional circumstances which will require the local authority to initiate an EHC needs assessments without evidence that all criteria has been met. These may include the following:

* An exceptional learner with profound and multiple learning difficulties, which are obvious at birth or soon afterwards, requires long term help and support from more than one agency;
* A learner has moved in from another Authority and/or their former school has provided evidence that an EHC needs assessment had been agreed or was in progress;
* There is clear evidence that the learner has severe, complex and enduring difficulties but they are newly arrived into the country or have attended several different schools, or are not attending school, and so it has not been possible to make a graduated response;
* A learner’s functioning has been suddenly, significantly and enduringly changed by major illness or injury.

**3.8** It is recognised that for children under compulsory school age a request for an EHC needs assessment based on the likelihood of professional reports outlining the need for future specialist provision will be considered although this does not absolve an early years settings responsibilities to the provision of a graduated approach to supporting the needs of children with SEN as specified within chapter 5 of the SEN Code of Practice 2015.

**3.9** A request for an EHC Needs Assessment for a child or young person aged 0-25 years and with special educational needs and/or disabilities can be made by:

* The child’s parent.
* A young person aged 16-25 years.
* A person acting on behalf of a school or post 16 institution.
* Children and young people under 19 in youth custodial establishments have the right to request assessment for an EHC Plan.

**3.10** Following a request for an EHC Needs Assessment or the child having otherwise been brought to its attention, the local authority must determine whether an EHC needs assessment is necessary.

**3.11** The Local Authority must make this decision and communicate the decision to the child’s parent within six weeks of receiving the request. Decisions in respect of an EHC assessment will be made by Telford and Wrekin’s EHC panel. This is chaired by a senior officer from the local authority’s SEND services and they are responsible for the decision taken. The terms of reference for the EHC panel can be found at <http://www.telfordsend.org.uk/localofferservices/info/1/home/9/what_is_an_education_health_and_care_plan>

1. **Indicators for an EHC Assessment**

The local authority will use the following indicators as *guidance* to support decision making about an EHC Needs Assessment of a learner’s difficulties:

Indicator 1

There may be a SEN which requires significant continuing support to access the curriculum and make progress. Evidence is supplied, highlighting where published **criteria** (Appendix B) is met against one or multiple areas of need as specified in the CoP:

* Cognition and Learning
* Communication and Interaction
* Social, Emotional, Mental Health
* Sensory and or Physical

Indicator 2

A graduated response to meeting need has been delivered, involving the educational setting, learner and the learners parents/carers. This is likely to include **cycles** of assess, plan, do review and support delivered in waves. Specific records of the learners progress has been kept through review cycles that suggest the need for continued provision over and above what the school would ordinarily be expected to provide.

Indicator 3

Suitably qualified external specialists have contributed over time to the review and refinement of evidence based interventions carried out by the setting, and can comment on their implementation.

Indicator 4

The educational setting has provided support in line with expectations about what it ordinarily would provide. To do this settings may find it helpful to demonstrate its use of delegated SEN funds, via a fully costed individual provision map.

At all times, the local authority will consider the individual circumstances of the application for assessment, the relevant sections of the 2015 SEND Code of Practice and Section 36(8) of the Children and Family Act 2014.

# Additional notes about the criteria

**Indicator 1: Description of need**

Suitable evidence is required to show that the learner’s needs are significantly greater than other learners the same age and are likely to be long term and that they require significant, continuing additional support to promote their emotional wellbeing, social inclusion and/or develop their life and independence skills. The learner may have one area of difficulty, or moderate to severe difficulties in a number of areas, which have a significant combined impact upon their ability to access and make progress within the curriculum.

**Evidencing the severity of need(s)**

Telford and Wrekin have published criteria which can be found in Appendix B and at [www.telfordsend.org.uk](http://www.telfordsend.org.uk) which relate to the 4 categories of SEN as described in the SEND Code of Practice, 2015:

* Cognition and Learning
* Communication and Interaction
* Social, Emotional, Mental Health
* Sensory and or Physical

Within the new request form (Part 5) you must specify a primary area of need or where appropriate rank order needs in order of priority. You must use the published criteria documents on the local offer to support completion of Part 5. In the majority of cases it is expected that evidence you provide will show that the majority of criteria specified has been met.

**Indicator 2: The graduated approach to meet special educational needs**

High quality teaching, differentiated for individual pupils, is the first step in responding to pupils who may have SEN. Additional intervention and support cannot compensate for a lack of good quality teaching. Schools should regularly and carefully review the quality of teaching for all pupils, including those at risk of underachievement. This includes reviewing and where necessary improving teachers understanding of strategies to identify and support vulnerable children and young people and their knowledge of the SEN most frequently encountered.

Where a child or young person is identified as possibly having SEN, settings are expected to adopt a graduated response following the Assess, Plan, Do and Review cycle.

Where a child or young person is identified as having SEN, the setting should take action to remove barriers to learning and put effective special educational provision in place. This SEN support should take the form of a four part cycle, through which earlier decisions and actions were revisited, refined and revised with a growing understanding of the pupil’s needs and of what supports the pupil in making good progress and securing good outcomes. This is known as the ‘graduated approach’ and is shown in figure 1.

Figure 1 – The Assess, Plan, Do, Review cycle

**ASSESS**

A problem has been recognised. A baseline is been collected to show where the child is now.

**REVIEW**

Child’s skills are checked

1. Has the child made progress from when the baseline was collected?
2. Where is the child in comparison to the expected attainment for their age?



**PLAN**Intervention (known to work) is determined and proposed outcomes (i.e. what skills the child will achieve) are developed. The length of time that the intervention will run  
is determined.

**DO**Intervention is put in place and tweaked as required.

The graduated approach draws on more detailed approaches, more frequent review and more specialist expertise in successive cycles in order to match interventions to the SEN of the child or young person.

**Evidencing the graduated response within the request for an EHC needs assessment.**

Telford and Wrekin describe 5 key ingredients to evidence a ‘high quality’ graduated response.

1. The request for assessment clearly features individual learner support plans/provision maps showing ‘waves’ of support that feature assess, plan, do review cycles at universal (element1), targeted (element 2) and specialist (element 3) levels. Part 6 of the new request for EHC assessment form asks   
   you to evidence cycles of APDR. 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.
2. Within individual learner support plans/provision maps there are clear targets with well-defined outcomes. These are articulated using SMARTA (Specific, Measurable, Achievable, Realistic, Time, Agreed) principles. A baseline must be included so that the starting point of the child or young person is known and evaluation should focus on progress made from that starting position.
3. Outside agencies have contributed over time throughout APDR cycles and their involvement is clearly evidenced.
4. Progress data is provided over time and clearly shows where the child is currently attaining and how that compares to the expectation for children of the same age.
5. Person-centred approaches have been used throughout cycles of APDR. Individual support plans/provision maps show that children and parents have been involved in target/outcome setting and their views and wishes are represented.

**Indicator 3: Use of outside professionals**

The use of outside professionals within educational settings are critical to supporting children and young people with special educational needs both in terms of early intervention, building capacity and the provision of specialist advice for those learners who require cycles of APDR.

The Code of Practice 2015 highlights that establishments are likely to need to commission these services directly and that such services include, but are not limited to, Educational Psychologists, Specialist learning and behaviour support services and teachers of Hearing/Visual Impairment. This may also include therapists such as speech and language therapists, occupational therapists and physiotherapists.

In Telford and Wrekin there is a changing culture away from a traditional expert model of delivering services by educational professionals (where one-off assessments and standalone reports have been completed) to actively contributing to cycles of APDR. Evidence that Indicator 3 has been met will include **meaningful** contribution of appropriate professionals, relevant to the child or young person’s need, and that recommendations have been put in place and reviewed over time. See Part 7 of the form.

**Indicator 4: Provision**

Settings must provide evidence that they have contributed to additional needs, including the Pupil Premium (if appropriate) to provide target programmes, support and resources that are unique to the child individually or in a group environment. Schools are expected to fund up to £4000 from their base budget for the provision of high quality differentiated teaching (element 1) and an additional £6000 from their notional SEN budgets (element 2) to support their graduated approach as specified with [section 11 of the Schools and Early Years Finance Regulations, 2015 (page 12).](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484940/SEYFR_government_response.pdf) Part 8 of the form asks you to submit a costed plan or provision map that shows how you have used delegated funds to support SEND.

Part 8 also asks you to consider what additional provision, over and above element 2 is required to meet a child’s needs. This should be based on recommendations of the outside professionals you have been working with during the graduated approach.

1. **Tell it once**

**5.1** A key feature of the SEND reforms was to improve a family’s experience during an assessment of a child or young person’s special educational needs by reducing the amount of times they had to repeat their ‘story’, given the multiple professionals they met. The new EHC needs assessment form, see part 3, has been developed to promote a ‘tell it once’ approach. A conversation will be required to understand a family’s views, aspirations and wishes and build a picture of their circumstances. Where a request is agreed the EHC needs assessment form will be sent to all professionals from which advice will be sought. Professionals will be expected to use this information to ascertain background context about the family, rather than asking families to repeat information, allowing them to focus their discussions on areas of specific interest to their professionalism.

**5.2** 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.

**5.3** If the family would like to work with someone different to the professional writing the EHC needs assessment form, to complete part 3, then arrangements should be made. It could be a family friend, an independent supporter, a member of the IASS service, or a social worker if they are involved. Families should be able to choose someone they feel comfortable sharing the information with.

1. **Child and Young Person Views - One Page Profiles**

Part 4 of the new EHC assessment form asks for completion of a One Page Profile to ascertain the learner’s views about themselves, school and their future. It is expected that in the majority of cases the professional completing the EHC request form will complete the One Page Profile with the child/young person. It is important though that the learner has a say in who this person will be. It should be someone who is familiar to them such as a school teaching assistant, class teacher or SENCo or an independent supporter or social worker where a family is known to those services. The questions can be personalised to suit the age or needs of the learner, and it may take considerable time and additional support to gather the views of ‘hard to reach’ learners meaningfully. Guidance on how to produce a one-page profile and examples are provided in Appendix B.

1. **Medical Questionnaire**

A further addition to the new form requesting an EHC assessment is a medical questionnaire (see part 11). The referrer must work with parents to complete this section. This will be used by health professionals to determine the appropriateness of further health assessment where a decision to proceed with an EHC assessment is made. 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.

1. **Making the application for an E****HC needs assessment**

**8.1** Section 9 of the SEND Code of Practice (2015) sets out the stages which are followed where a local authority is considering whether or not to initiate an EHC needs assessment.

**8.2** Once an educational setting, parents/carers and external professionals have agreed that it would be appropriate to refer a child for an EHC needs assessment, you need to allow plenty of time to prepare the relevant information and evidence. A checklist is provided on page 15 of this guidance.

**8.3** When you have gathered the appropriate information, please send it to the SEND   
team. All referrals must be electronic in the form of Word documents and scanned   
pages where signatures are required. The email address to send it to is [sendandinclusion@telford.gov.uk](mailto:sendandinclusion@telford.gov.uk) titled EHC assessment request, with the name of the setting.

**8.4** Requests will be scanned to ensure signed parental/carer consent. Where this is not provided requests will be returned immediately to the setting and not processed further. A setting will need to make a further resubmission once consent has been included within the request.

**Checklist of what to include with a request for and EHC needs assessment**

The documents listed are a **must**. Where they are not included the paperwork will be returned to the educational setting and the local authority will not process it further. Please note additional reports should be no more than 12 months old, unless both the family and the referrer agree they are still relevant.

|  |  |  |
| --- | --- | --- |
|  |  | ✔ |
| 1. | One Page Profile |  |
| 2. | Parent views, wishes and aspirations |  |
| 3. | Evidence of cycles of Assess, Plan Do Review |  |
| 4. | Copies of recent individual learning plans/support plan |  |
| 5. | Attainment data and progress over time |  |
| 6. | Costed provision map detailing current support and interventions that show how the school have used £6000 to support special educational needs. |  |
| 7. | Written feedback from outside professionals (education, health and care) |  |
| 8. | Evidence of Early Help assessments |  |
| 9. | Signed parental/carer consent form |  |

# School / setting request for an EHC needs assessment FORM

**UPDATED Feb 2024**



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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).*

**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).*

**Short Term aspirations *(What are you hoping for soon?)***

**Long Term aspirations *(What are you hoping for in the future?)***

**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\*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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)

**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).](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.

**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.

|  |
| --- |
|  |

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**

A logo with colorful squares and a circle

Description automatically generatedA picture containing background pattern

Description automatically generatedA picture containing background pattern

Description automatically generated

**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/carer 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: Date:

(Parent/Carer)

Signed: Date:

(Parent/Carer)

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

Appendix A – Child/Young person’s Views  
Example template 1

Name’s One Page Profile

**Like and Admire**

This section lists the positive qualities, strengths and talents of the young person



Photo of child or picture chosen by the CYP

**How to support “Name” at school**

This is a list of how to support somebody at school, and what is helpful and what is not. It can include any specific ‘buttons’ that get pushed, and how to avoid or handle them.  
The information in this section includes what people need to know, and what people need to do.  
Examples:

* Laura can perceive a negative comment as a “big telling off.”
* Anna is naturally quiet and can seem like she is “no trouble”, she needs gentle questions to draw her out.
* James struggles to ask people to work in pairs with him. It helps him if you suggest people for him to work with and use other ways to pair children up.
* Joe finds circle time very difficult. It is easier for him if he is sitting near the front and has an opportunity to say something early on.

**What’s important to…..**

This is a bullet list of what really matters to the young person from their perspective (even if others do not agree). It is detailed and specific. It could include:

* Who the important people are in the young person’s life, and when and how they spend time together, for example ‘Sitting next to my best friend Lucy in class, and going to her house after school on Tuesdays’
* Important activities and hobbies, and when, where and how often these take place, for example ‘Playing on my Xbox as soon as I get home from school every day’
* Any routines that are important to the young person, for example ‘Getting to school early so that I have time to play football with James and Lucas in the playground before the bell goes’
* Important and favourite lessons and school activities, for example ‘Singing and playing the guitar at school, and being in the school band
* Things to be avoided that are particularly important to the young person, for example ‘That people do not take things from my pencil case without asking.’

Example template 2

|  |
| --- |
| ***ALL ABOUT ME…***  Describe yourself, for example:  [Image result for makaton happy](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwiVh7LT8MfVAhWLChoKHedFAPcQjRwIBw&url=https://www.pinterest.co.uk/pin/427067977144352672/&psig=AFQjCNFNplmhXiCgmE-vdii82RpzF1hwwA&ust=1502290027268076)  [Image result for makaton happy](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjUi4ae8MfVAhUHWxoKHf0zAisQjRwIBw&url=https://nonnativemommy.com/2016/09/28/baby-sign-language/&psig=AFQjCNHuPx0Hy1Y6MVc6lmwoBhoqHMnv5A&ust=1502289897248107)  [Image result for makaton happy](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwiL55Oy8MfVAhXLCBoKHX-sAvcQjRwIBw&url=http://www.wasthisintheplan.co.uk/2016/02/bye-bye-daddy-talking-about-death-when.html&psig=AFQjCNHuPx0Hy1Y6MVc6lmwoBhoqHMnv5A&ust=1502289897248107)  [Image result for makaton happy](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjv66Kj8cfVAhXCMhoKHQnbCMIQjRwIBw&url=https://www.pinterest.com/pin/65935582020675036/&psig=AFQjCNFNplmhXiCgmE-vdii82RpzF1hwwA&ust=1502290027268076)  Prompts:  What do others like about you? / What do you need help with? / What are you good at? / What do you find difficult?  \*If described with words, record as exact as possible where appropriate.  \*Use C/YP preferred method, and add, i.e. symbols/ photos etc. |
| ***IMPORTANT TO ME…***  ***What to include:* Things you like to do/ play/ read/ watch/ eat.**  **Friends/ family/ pets**  **How do you calm/ relax? Do you have special toy/ comforter?**  **\*Could add photos/ drawings of favourite characters/ pop stars/ toys etc.**    **Describe a good/ happy day**  **Describe a bad/ sad day**  ***My World…***  Prompts:  \*Use names & relationship, eg, ‘Nanny Sue’ (maternal)  \*Draw strong (complete) line, or weak (broken/ dotted) line to link to C/YP circle.  ***My hopes and dreams…***  Prompts: What would you like to be when you grow up? / Where do you want to live? / Where would you like to learn? / study, etc.  \*Use the words of C/YP as much as possible & appropriate.  \*Add drawings/ photos etc. if needed/ possible  \*Add more/ take away stars as appropriate  e.g. go to college and learn to work with little children  e.g. to make my mum a cup of tea on my own  e.g. to live on my own |

***A working example - one page profile (1)***

|  |
| --- |
| *All about XYZ...*  *XYZ* enjoys being independent and knows what she likes.  *XYZ* uses mainly single words, but has begun to use phrases, for example, ‘Daddy gone?” If her speech is not well understood, *XYZ* will take an adult to what she wants.  She can sometimes get frustrated when she is not understood and will shout. At times she might hit out at others.  Favourite activities include being outside and she really enjoys the park. She enjoys playing with her teddies and drawing.  *XYZ* will play alongside her friends. *XYZ* is a very caring child.  XYZ can use the toilet but will sometimes need reminding that she might need to go. She wears a nappy at night time.  *XYZ* has learnt that the label goes at the back of clothing to help her dress herself.  *XYZ* likes to have a small knife and fork and enjoys her food. She drinks from an open cup.  *XYZ* has no sense of danger and will run out of the house.  *Important to XYZ...*  XYZ will choose a teddy for bedtime, but her favourite is ‘Natur’ the squirrel.  Her family are very important to *XYZ*, and she can be very clingy to her sister.  Paw Patrol2.jpg  Paw Patrol 2.jpg  *How best to support XYZ...*  *XYZ* wears special boots to help her walk.  The doors need to be kept locked at home to keep *XYZ* safe as she can run out. |

***A working example - one page profile (2)***

*Important to ABC…*

ABC’s toy ponies are important to ABC, and she will rotate which one she takes to bed.

ABC likes routine. If sudden changes happen she can become very upset and have a meltdown.

*How best to support ABC…*

ABC uses lots of special equipment to help her including a wheelchair, specialist table, toilet frame at nursery, splints, a plate guard and angled cutlery.

A monitor is in the home environment due to her epilepsy.

If ABC is having a meltdown, parents will know when she hits a certain ‘point’ that she will then accept hugs and soothing sounds to calm her.

ABC likes things to remain in the same place, for example, her toys need to be put away in the same part of the room.



Yellow is favourite colour.

la play shopping games



**Appendix** **B**Criteria for Statutory assessment

Cognition and Learning  
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.** | |
| **CL 1** | Despite graduated school support, the pupil requires higher level specialist resourcing which is different from and additional to the SEN core offer, to access the full curriculum. |
| **CL 2** | Extreme difficulties in accessing the curriculum through reading and writing, despite the use of a range of alternative methods. |
| **CL 3** | It is likely that there will be evidence that external professionals such as advisory teachers, Educational Psychologists, have been involved in carrying out a comprehensive assessment of the pupil’s strengths and difficulties. They will have advised on the pupil’s plan. The impact of these strategies and interventions will have been evaluated over time (at least one term) and resulted in minimal progress. |
| **CL 4** | Telford and Wrekin adhere to the British Psychological Society’s definition of Dyslexia (1999):- ‘Dyslexia is evident when accurate and fluent word reading and/or spelling develops very incompletely or with great difficulty. This focuses on literacy at the word level and implies that the problem is severe and persistent despite appropriate learning opportunities.’ |
| **CL 5** | The pupil may have general learning difficulties and attainments that are recorded at the 1st percentiles or lower for a range of skills, using standardised assessment. |
| **CL 6** | The pupil’s rate of progress will be consistently low relative to their cognitive ability. |

Supporting evidence will include:-

|  |  |
| --- | --- |
| **Assessment, Planning and Review** | |
| **CL 7** | It is likely that there will be evidence that the level of professional input such as advisory teachers, educational psychologists have been on a regular basis. |
| **CL 8** | It is likely that there has been a successive programme of advice from external agencies implemented over time |
| **CL 9** | Consideration has taken place whether it is appropriate to support the family and child’s needs through the CAF and TAC process. |
| **Grouping for Teaching** | |
| **CL 10** | It is likely that the pupil has to access considerable additional targeted teaching in small groups or individually for at least half the day. |
| **CL 11** | The extent of additional and different organisation required is in excess of what would normally be provided in school provision i.e. as specified within the Local Offer. |
| **Curriculum and Teaching Methods** | |
| **CL 12** | Access to higher levels of differentiation normally provided within SEN support |
| **CL 13** | Access to teaching of specific targeted skills using evidence based interventions such as Precision Teaching 1:1 daily, Toe by Toe, Beat Dyslexia small group 20 mins, 2x/week, Nessy-individual 20mins 3x/week |
| **Human Resources** | |
| **CL 14** | SENCO or specialist teacher to provide appropriate set targets for individual. |
| **CL 15** | Access to evidence based teaching programmes for literacy, numeracy and general learning difficulties. |

**Communication and Interaction**

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

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| **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.** | | |
| **CI 1** | | Despite graduated school support, the pupil requires higher level specialist resourcing which is different from and additional to the SEN core offer, to access the full curriculum. |
| **SLCN** | | |
| **CI 2** | | Receptive and expressive language skills within the 1st and 2nd percentiles indicating a severe language delay or disorder. |
| **CI 3** | | Significant difficulties understanding others. |
| **CI 4** | | Significant difficulties communicating their thoughts and ideas with others. |
| **CI 5** | | Significant interaction difficulties as a result of their speech and language communication challenges. |
| Autistic Spectrum Disorder: **ASD** | | |
| **CI 6** | High levels of social isolation which prevents the establishment of consistent relationships with peers and /or adults. | |
| **CI 7** | Highly atypical behaviours such as obsessive, challenging or withdrawn to the extent that it prevents their inclusion in a well planned and supported curriculum. | |
| **CI 8** | Consistently unable to adapt to changes in routines in well planned time tables including highly differentiated class/subject teaching. | |
| **CI 9** | Significant difficulties with social interaction | |
| **CI 10** | Presentation of high levels of anxiety associated with ASD that prevents access to curriculum and engagement with peers. | |
| **CI 11** | Problems with language communication and imagination that impacts on engagement with peers and adults | |

Supporting evidence will include:-

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| **Assessment, Planning and Review** | |
| **CI12** | Evidence that over time regular TACs have been held with the family/carers and external professionals (meetings between school and parents do not constitute a TAC but can be appended to next TAC). Action plans have been implemented and evaluated. |
| **CI 13** | It is likely that there will professional input such as SALT, Advisory Teachers; Educational Psychologists; social worker; CAMHS workers etc has been on a regular basis. |
| **CI 14** | It is likely that there has been a successive programme of advice in relation to communication and interaction /Autism from external agencies implemented over time |
| **CI 15** | Systematic monitoring of students progress show that the interventions and provision is having a limited impact. |
| **Grouping for Teaching** | |
| **CI 16** | The school SEND offer is clear and accessible to all students parents/communities |
| **CI 17** | The pupil has access to considerable additional targeted teaching in small groups or individually for the significant part of each day. |
| **CI 18** | The extent of additional and different organisation required is in excess of what would normally be made from school provisionthrough the graduated responsei.e. is within the higher needs bracket above 15 hours support per week |
| **CI 19** | Some pupils may have needs that are better met through more specialist provision such as SALTIS, advice from Outreach service, advisory teacher (ASD) service or educational psychology service |
| **Curriculum and Teaching Methods** | |
| **CI 20** | Curriculum access through the usual mainstream groupings may not be appropriate for most areas of the academic curriculum. |
| **CI 21** | Extensive individualised programmes will be required to support the pupil’s social and emotional, communication and sensory needs. |
| **CI 22** | This may involve the use of autism-specific teaching techniques or alternative communication methods supported by appropriate equipment and materials. This should include Autism Environment Audit. |
| **CI 23** | Teaching interventions will be part of a multidisciplinary approach e.g. SALT, OT.  Programmes may include:-  Language Steps, Language Land,  Listen with Lucy, Teaching Talking, Secondary Talk, Build to Express, Social Stories. |
| **Human Resources** | |
| **CI 24** | There is strong evidence that there is a whole school approach to meeting the needs of the pupil with communication and interaction difficulties / Autism i.e. Autism policy; strategic aims; development of in-house provision; commitment to training in this area. |
| **CI 25** | The SENCo should lead on assessment, planning and evaluation in liaison with pastoral staff and external professionals |
| **CI 26** | Teachers/TAs with additional qualifications in SEND and experience of working with pupils with social communication difficulties or Autism are likely to be involved in providing for the pupil. |
| **CI 27** | There is consistent active parent/carer involvement in programmes offered to support them and their child e.g. EarlyBird, EarlyBird Plus, Cygnets |
| **CI 28** | Opportunities for parents to access parent support groups.  e.g. PODs, STAR Group, |

**Sensory and Physical**

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

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| **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.** | |
| **SP 1** | **Visual Impairment**  The pupil has a severe or profound visual impairment which impacts extremely upon behaviour and on individual learning/learning environment. |
| **SP 2** | **Hearing Impairment**  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 evidenced by scores on standardised linguistic assessments. |
| **SP 3** | There will be evidence of long term curriculum access issues and there will be major training issues for staff supporting the pupil. |
| **SP4** | CYP who, when assessed using NatSIP Criteria (National Sensory Impairment Partnership) require ongoing regular frequent support, of at least fortnightly frequency, from a Teacher of the Deaf. |
| **SP 5** | Without a high level of specialist SIS support, attainment levels are unlikely to reflect ability levels and will present a barrier to inclusion in local educational settings and progression to FE/HE/training/employment. |
| **SP 6** | **Physical**  The physical difficulties/medical condition is complex, severe and long-term. The pupil requires daily individual interventions from a suitably trained adult and support on a long term basis which is over and above that which schools are expected to provide which costs up to a nationally prescribed level per pupil per year. There will be clear evidence provided by the relevant medical consultant supporting the level of provision within the request information.  Such pupils may have additional learning, communication or behaviour difficulties requiring specialist intervention. They may exhibit emotional/behavioural problems (withdrawal, disaffection, reluctance to attend). Rate of learning may be affected by absences, fatigue, medication |

Supporting evidence will include:-

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| **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 |
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| **Grouping 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:   * 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.e. 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 * Curriculum access * 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. |
| **Curriculum and Teaching Methods** | |
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| **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), large print use, specialist low vision aids or auditory means. |
| **SP 32** | Joint planning by the key­ worker/teacher and the Qualified Teacher of the Visually Impaired or 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. |
| **SP 40** | Adaptation of teaching methods e.g. encouraging greater verbalization during lesson delivery, enabling handling or close inspection of materials. |
| **SP 41** | 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 42** | 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. |
| **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 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. |
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**Social Emotional and Mental Health**

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

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| **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.** | |
| **SEMH 1** | Despite graduated school support, the pupil requires higher level specialist resourcing which is different from and additional to the SEND core offer, to access the full curriculum. |
| **SEMH 2** | The pupil will have very limited access to the curriculum due to the significant, challenging behaviours they present. |
| **SEMH 3** | These behaviours may be associated with a mental health condition. |
| **SEMH 4** | There will be evidence of extreme, complex emotional and behavioural difficulties of considerable duration and frequency in a variety of school situations, resulting in adverse consequences for pupil and severely affecting other pupils and adults in a detrimental way (e.g. unpredictable, bizarre, obsessive, violent, dangerous or severely disruptive behaviour). |
| **SEMH 5** | Extreme complex emotional behaviour difficulties can also include severe self-harming and avoidance of social interaction. |

Supporting evidence will include:-

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| **Assessment, Planning and Review** | |
| **SEMH 6** | Evidence that over time regular TACs have been held with the family/carers and external professionals (meetings between school and parents do not constitute a TAC but can be appended to next TAC). Action plans have been implemented and evaluated. |
| **SEMH 7** | Evidence that the family in which the child resides has received support from Early Help and Family Intervention Practitioners  It is likely that there will be professional input such as Advisory Teachers; Educational Psychologists; Social workers; CAMHS workers etc has been on a regular basis. |
| **SEMH 8** | There has been a successive programme of advice from external agencies implemented over time. |
| **SEMH 9** | Systematic monitoring of students progress show that the interventions and provision is having a limited impact. |
| **Grouping for Teaching** | |
| **SEMH 10** | The pupil has access to considerable additional targeted teaching in small groups or individually for the greater part of each day |
| **SEMH 11** | The extent of additional and different organisation required is in excess of what would normally be provided in school provision *i.e. as specified within the Local Offer* |
| **SEMH 12** | Some pupils may have needs that are better met through more specialist provision either for a short term measure or long term placement. |
| **Curriculum and Teaching Methods** | |
| **SEMH 13** | Additional activities and different activities will be required to retain the pupil’s application and interest in the curriculum. |
| **SEMH 14** | Alternative programmes of study should be provided using or setting up facilities within the school or off site provision where appropriate. |
| **SEMH 15** | Extended individualised programmes of study, behaviour and emotional support will be required to access the curriculum. Interventions and support may include circle of friends, SEAL materials, peer mentoring, counselling support, visual timetables, individual learning passports, Build to Express |
| **Human Resources** | |
| **SEMH 16** | The SENCo should lead on assessment, planning and evaluation in liaison with pastoral staff and external professional |
| **SEMH 17** | Teachers/TAs with additional qualifications and/or experience of pupils with very significant emotional and behavioural difficulties are involved in providing for the pupil. |
| **SEMH 18** | Multiagency direct involvement is in place for pupils with substantial support from visiting specialists. |
| **SEMH 19** | There is strong evidence that there is a whole school approach to meeting the needs of the pupil with social, emotional and behavioural needs i.e. behaviour policy; strategic aims; development of in-house provision; commitment to training in this area |
| **SEMH 20** | There is consistent active parent/carer involvement in programmes offered to support them and their child i.e. Incredible years; Lets get Cooking; Why weight?; |