# Request for Assessment for an Education Health and Care Plan

### Under Section 36 of the Children and Families Act 2014

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| --- | --- |
| Child's Name: | Date of Birth: |

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| **INCLUDED WITH THIS FORM** | **PLEASE TICK** |
| Family Conversation (separate form) |  |
| Medical Questionnaire (separate form) |  |
| Child's views (separate form) |  |
| Professionals reports (less than 6 months old) |  |

**Before completing the request form, have you implemented and reviewed the Graduated Response as set out in the Graduated Response within Worcestershire Guidance and read the Criteria for Education Health and Care Needs Assessment and accompanying Guidance to completion of this form in order that you are able to say yes to the following points?**

1. **Have you considered if the child meets the needs criteria in relation to the four categories of need?**

**Yes**

1. **Have you illustrated through a Provision Map or similar document all of the following:**

* **Advice from external agencies – e.g. EPS / SaLT/Other? Yes**
* **Advice implemented over at least 2cycles (if exceptional circumstances have prevented this please detail in Section 6)? Yes**
* **Types of teaching approaches used? Yes**
* **Strategies used have been reviewed and the reviews clearly show a lack of progress? Yes**

1. **Are you able to illustrate full and effective use of the School's delegated resources to the maximum level together with evidence that the child requires a level of support in excess of Schools notional £6,000 of provision to enable them to make sufficient progress?**

**Yes**

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| What is the main reason that you are asking for this Education Health and Care Needs Assessment?  (Please note you are not required to complete this if you are responding to a Parental Request for Assessment) |

### Request for an Education, Health and Care Needs Assessment

### Under Section 36 of the Children and Families Act 2014

A request for an EHC Needs Assessment should not be made until the Guidance within the SEN Code of Practice has been fully implemented and a graduated response applied to meeting SEN.

**In any resulting Education Health and Care Plan this form will constitute all or part of the Educational Advice.**

1. **General Details:**

|  |  |
| --- | --- |
| Surname: | Forename (s): |
| Date of Birth: | Gender: |
| Placed in School Year (if appropriate) | N R 1 2 3 4 5 6 7 8 9 10 11 12 13 14 |

In correct Year Group? Yes  No

|  |  |
| --- | --- |
| Religion | Home Language (s) |

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| Child’s Home Address |
| Postcode |
| Telephone Number |

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| Please provide contact e-mail address for parents |
| Please confirm parents happy to be contacted via e-mail |

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| Name of current setting |
| Name of Parent(s)/ Carer(s)  (Including initials) |

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| Relationship to child |

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| Is the child in Care/Accommodated by a Local Authority and in receipt of Pupil Premium Plus allocation?  Yes  No    If so, please state which Local Authority:  If so, please attach a copy of the most recent PEP  Name and contact details for Social Worker |

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| Name and address of people with parental responsibility if different from above:  Postcode |

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| Please indicate who has discussed this request for assessment with the people that have parental responsibility and provide their contact details:  Name:  Role:  Email address: |

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| Did these people give their permission for the request to be made, and if assessment agreed, for assessments to take place and reports to be obtained?  Yes  No  Date discussed: |

1. **Background**

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| --- | --- |
| **Previous Schools (including pre-school settings if appropriate)** |  |
| Name of school/setting | Dates attended |
|  |  |
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**Details of recent attendance record over 3 terms (including present term)**

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| --- | --- | --- |
| **Term** | **Possible** | **Actual** |
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**Details of any exclusions**

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| Date of exclusion | No of days | Reason |
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| Details of any medical condition which is relevant to the child’s special educational needs (please ensure medical questionnaire completed) |

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| 1. **CURRENT ATTAINMENT AND PROGRESS OVER TIME – MANDATORY** | | | | | | | **EYFS Profile (only applicable for children up to end of Reception Year)** | | | | | |
| **Area** | **Attainment (age/stage) on Entry** | | | | **Attainment (age/stage) Mid Year** | | | | | **Attainment (age/stage) End of Year** | | |
| P S E D |  | | | |  | | | | |  | | |
| Phys development |  | | | |  | | | | |  | | |
| Com and Language |  | | | |  | | | | |  | | |
| Literacy |  | | | |  | | | | |  | | |
| Maths |  | | | |  | | | | |  | | |
| Und of World |  | | | |  | | | | |  | | |
| Exp Arts and Design |  | | | |  | | | | |  | | |
| **Age Related attainment** (please use EYFS Profile table above to reflect previous levels if applicable)  **\*What year group objectives or Pre-Key Stage Standard or P-Scale is the child working at? PLEASE USE ONLY THESE MEASURES.**  **If using curriculum year group objectives, progress could be shown over time by using Emerging (E) / Developing (D) / Secure (S) / Greater Depth (GD).** | | | | | | | | | | | | |
|  | | **2 years ago** | | **1 year ago** | | | | **6 months ago** | | | **Current attainment** | |
|  | | Chronological  Yr Group | Working at\* | Chronological  Yr Group | | Working at\* | | Chronological  Yr Group | Working at\* | | Chronological  Yr Group | Working at\* |
| **PRIMARY – Key Stage 1** | |  |  |  | |  | |  |  | |  |  |
| Reading & Comprehension | |  |  |  | |  | |  |  | |  |  |
| Writing | |  |  |  | |  | |  |  | |  |  |
| GPS (gram/punc/spell) | |  |  |  | |  | |  |  | |  |  |
| Maths | |  |  |  | |  | |  |  | |  |  |
| Science | |  |  |  | |  | |  |  | |  |  |
| **PRIMARY – Key Stage 2** | |  |  |  | |  | |  |  | |  |  |
| Reading & Comprehension | |  |  |  | |  | |  |  | |  |  |
| Writing | |  |  |  | |  | |  |  | |  |  |
| GPS (gram/punc/spell) | |  |  |  | |  | |  |  | |  |  |
| Maths | |  |  |  | |  | |  |  | |  |  |
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|  | **2 years ago** | | **1 year ago** | | **6 months ago** | | **Current Attainment** | |
|  | Chronological  Yr Group | Working at \* | Chronological  Yr Group | Working at \* | Chronological  Yr Group | Working at \* | Chronological  Yr Group | Working at \* |
| **SECONDARY – Key Stage 3** |  |  |  |  |  |  |  |  |
| English |  |  |  |  |  |  |  |  |
| Maths |  |  |  |  |  |  |  |  |
| Science |  |  |  |  |  |  |  |  |
| EBAC |  |  |  |  |  |  |  |  |
| **SECONDARY – Key Stage 4** |  |  |  |  |  |  |  |  |
| English |  |  |  |  |  |  |  |  |
| Maths |  |  |  |  |  |  |  |  |
| Science |  |  |  |  |  |  |  |  |
| EBAC |  |  |  |  |  |  |  |  |
| **POST 16 – list subjects/accreditation courses below \*\*** |  |  |  |  |  |  |  |  |
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\*\* Please provide copies of GCSE results and other subsequent qualifications obtained.

**Value Added**

**If the same attainment levels are being reported over time, please provide a brief commentary to detail noticeable indicators of progress. For example, incremental steps of academic progress; levels of communication; engagement; independence. Please detail any findings from EP, LST, CCN assessments.**

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| **Skill tested** | **Test Used** | **2 years ago**  **Age**  **equivalent** | **Standardised Score** | **1 year ago**  **Age equivalent** | **Standardised Score** | **Current Year Age Equivalent** | **Standardised Score** |
| **Reading accuracy** |  |  |  |  |  |  |  |
| **Reading comprehension** |  |  |  |  |  |  |  |
| **Spelling** |  |  |  |  |  |  |  |
| **Vocabulary** |  |  |  |  |  |  |  |
| **Numeracy** |  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| **Name of test** | **Chronological Age at time of test** | **Age equivalent** | **Centile Score** |
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**Standardised Test Results**

**Standardised Test Results**

Reasoning and Ability Tests MANDATORY FOR STUDENTS WITH COGNITION AND LEARNING DIFFICULTIES.

1. **Strengths**

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| Describe the pupil’s strengths/talents from first hand experience of the pupil in the teaching situation: |

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1. **Essential Evidence**

Under which of the following categories do the pupil’s special educational needs **match the criteria** as defined in the **WCF Criteria for EHC needs assessment document.**

**Please indicate the priority need**

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| --- | --- | --- | --- |
| Communication and interaction |  | Social, mental and emotional health |  |
| Cognition and learning |  | Sensory and/or physical |  |

Given all the data and information presented in the above sections please give a detailed account below of the evidence that the child, despite the above interventions, meets the criteria for EHC needs assessment. You will need to have close regard to the *Criteria for EHC Needs Assessment* document which describes the essential criteria for each area of need. You need only provide information about the areas of need where you have ticked the above boxes. Please use headings from the relevant sections of the Criteria document and write a brief narrative under each.

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1. **Strategies and Approaches**

**Please refer to the Graduated Response within Worcestershire for guidance – www.worcestershire.gov.uk/graduatedresponse**

**Please give a brief account of strategies used in the "Assess, Plan, Review, Do" Cycle please indicate where these have been as a result of involvement of external agency involvement**

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|  | Action taken to address SEN including in-class, small group and individual support | What was the effect of this intervention e.g. educational outcomes, learning gains |
| **Assess, Plan, Do, review**  **Cycle One** |  |  |
| **Assess, Plan, Do, review**  **Cycle Two**  **Indicate where external professional advice implemented** |  |  |

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| **Provide brief chronology of reviews undertaken: PLEASE ENSURE THAT ALL INDIVIDUAL PROVISION MAPS/REVIEWS ARE INCLUDED WITH THIS SUBMISSION AND CROSS-REFERENCED AND PAGINATED** |

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**7. MANDATORY Evidence**

Please provide details of external Professionals who have informed your operation of the Graduated Response.

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| **Name and role of Professional** | **Dates of involvement / Reports**  **\* please detail total period of involvement and attach a copy of their most recent report (usually less than 6 months old)** |
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| **Details of any other funding sources used to support the child or young person**  Please detail any Pupil Premium/ Pupil Premium Plus/ Year 7 Catch Up/ PE/ Sports Funding available to support this Pupil; how this funding has been used and the outcomes / intended outcomes for the child or young person.  *This will inform the decision, not determine it* |

**8. MANDATORY Evidence**

**Current allocated Resources/Provision from Notional SEN Budget \*** A critical aspect in our decision making is how you have made provision at school, using your notional SEN Budget/ Element 2 Funding and how you have adapted over time to secure progress using the Worcestershire Graduated Response. We also suggest that you attach a copy of the pupil's timetable showing when support is allocated to them.

\*Please refer to the Worcestershire Graduated Response for details of Notional SEN Budgets

Please note, where small group interventions are provided, the cost is divided by the number of pupils accessing the intervention.

**INTERVENTIONS**

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| What is the provision? e.g. TA support in class/ specific intervention or programme? | What are/were the expected outcomes? e.g. academic/ emotional health and well being/ attendance/ gross and fine motor skill development. | What is the timescale and frequency of the provision? e.g. TA support in class (attach timetable) or specific 6 week intervention for 30 mins a day to support literacy | Was the intervention? Individual or in a group (if in a group, what was the size?) | Who provided the intervention? (Class teacher, SENCO, TA, Specialist Teacher Service?) | What impact has this had on the child's progress levels? Describe what Value has been or will be added. |
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| Form completed by (name)  Headteacher/Member of Senior Leadership Team (please specify)  Contact Details:-  Telephone Number  Email Address  Date:  **This form should be returned ELECTRONICALLY and SECURELY via ChS Portal to: SEN Team** |