

Request for Education, Health and Care Needs Assessment

Electronic version

The document must be printed off and signed by hand unless contributors have an electronic signature.

1	
Details of Person Making the Request	
Full Name (first name/last name)	
Role/relationship to the child or young person	

2			
Details of Child/Young Person			
Full Name (first name/last name)			
Date of Birth			
Gender			
Ethnicity			
Religion			
Home language			
Home address			
Contact number/email			
Name and Type of Setting/School/College (incl tel and email)			
NC Year Group or College Year			
Unique Pupil Number			
GP details and child / young person's NHS number			
Looked After Child / Young Person (mark with x)	Yes		Child in Need
	No		
Legal Care Status		Home Authority	

3 PARENT/CARER DETAILS		
	Parent 1	Parent 2
Name of parent(s)/carer(s) with parental responsibility		
Relationship to the child/young person		
Home language		
Home address		
Contact number(s)	Home	Home
	Mobile	Mobile
Email address(es)		
Is either parent a serving member of Her Majesty's armed forces? (Mark with an X) Yes No		

4 School/Setting details		
Name of school/setting		
Type of setting (early education, maintained, academy, independent, College of FE, none)		
School/setting address (incl postcode)		
Name and position in setting of contact person (in school setting must be qualified teacher)		
Contact details of contact person	Phone	Email

5 Current/Past Professional Involvement			
Please list the professionals who are currently involved with this child/young person, or have been in the recent past.			
Role	Involved Yes/No	If yes, name	If yes, contact details including postal address, telephone number and email address
Education			
Advisory teacher <i>If YES please specify</i>			
Educational Psychologist			
Other(s)			
Health			
Medical Specialist (this could be your GP, a consultant already involved with your child, a paediatrician or other relevant specialist)			
Child and Adolescent Mental Health Service (CAMHS)			
Occupational Therapist			
Physiotherapist			
Speech and Language Therapist			
Other(s)			
Social Care			
Social Worker			
Other(s)			

6 Consent for Referral for Advice and/or Assessment Permission to share	
<p>Information from external services can only be sought with the consent of the child/young person's parent/carer, or the young person themselves if aged 16+ and the young person has capacity. We will only refer to these services if there is evidence that they are/have been involved with the child/young person, or that the child/young person has special educational needs which may require their involvement.</p> <p>If you decide not to consent to this referral it may delay any assessment that takes place. We will ensure that your information is kept safe and will adhere to our duties under the Data Protection Act and ensure your rights are upheld.</p>	
I give permission for you to contact the services listed in Part 5 above, and pass on to them details on this form about my child.	
Signed (electronic signature only otherwise please print off and sign)	I am over 16 years old and I give my permission for you to contact these services

Child/young person's name

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	and pass on to them details about me on this form.
Relationship to child/young person	Signed: (electronic signature only otherwise please print off and sign)
Date	Date

7	Summary of Child/Young Person's Educational Attainments
<p>Bearing in mind the age/educational phase of the child/young person, please provide information about the child/young person's educational attainments over time – usually for the last three years.</p> <p>For young children who have not yet started school, this should be assessment against the Early Years Outcomes and/or the ages and stages of development from Development Matters.</p> <p>For school age children and young people age 16+, this should include as appropriate:</p> <ul style="list-style-type: none"> • National Curriculum levels in English, Maths and Science • P-scales profiles presented to show progress across the profile of P scales • GCSE or A/AS level results • Other accredited qualifications, such as BTEC, ASDAN etc <p>For young people age 14+, please provide a summary of the career and progression advice and guidance which has been provided to the young person.</p> <p>For all children and young people, please attach details of other relevant assessments in the appendix, and summarise below standardised test results such as reading, writing, spelling, number assessment results; CAT scores or any other relevant results.</p>	

	Nursery 1	Nursery 2	Reception
Personal, Social and Emotional Development			
Physical Development			
Communication and Language			
Literacy			
Mathematics			
Understanding the World			
Expressive Arts and Design			

Progress in Key Stages 1,2,3,4 and above Please fill in relevant columns <i>NB Assessments might include SATS, NC level, P Levels, Teacher Assessment, standard or norm referenced tests, GCSE Functional Skills Assessment, BTEC, NVQ, AS/A Level etc</i>					
Type of Assessment	Subject Area	Date of assessment	Performance 2 years previously	Performance 1 year previously	Current performance

For young people in Year 9 / post 16			
Has the young person identified a career pathway?	Y/N	Have career guidance and progressions routes been discussed with the young person?	Y/N
A copy of any Transition Planning /Preparing for Adulthood should be attached - provide a brief summary below:			

8 The child/young person's Special Educational Needs

To be completed by the setting – this is an important part of your referral for assessment and should clearly set out the child/young person's SENs. Paragraphs 6:14 – 6:35 in the SEN Code of Practice are a helpful reference point: the approaches applied in the school / setting / college; evidence of following guidance provided by specialist professionals, and evidence of following the Assess, Plan, Do and Review (APDR) cycle set out in the SEN Code of Practice.

Place X in the relevant box or boxes to indicate areas of need			
Communication and Interaction Please specify below		Cognition and Learning Please specify below	
Speech, language and communication		Moderate Learning Difficulties	
Autism Spectrum Condition		Severe Learning Difficulties	
Sensory and/or Physical Needs Please specify below		Profound and Multiple Learning Difficulties	
Visual Impairment		Specific Learning Difficulty	
Hearing Impairment		Social, Emotional and Mental Health Difficulties	
Multi-Sensory Impairment		Other – please specify here	
Physical Disability			
Please clearly set out the child or young person's difficulties in each area of SEN <u>related to education</u>. Only fill in the relevant sections where the child or young person has a learning difficulty			
Cognition and learning			

Child/young person's name

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Communication and interaction
Social, emotional and mental health difficulties
Sensory, motor and physical difficulties

Additional Health Needs
Additional Social Care Needs

<p>9 The Special Educational Provision that has been made by the school / setting</p> <p>Paragraphs 6:36 – 6:56 of the SEN Code of Practice may be helpful in understanding what special educational provision is expected to include, as may the document Ordinarily Available which outlines the provision that is normally available within Barnet maintained schools and Academies. <i>Refer to evidence listed in Section 12 if appropriate.</i> <i>Ensure that you have referred to reasonable adjustments that have been made if appropriate.</i></p> <p>Describe the special educational provision that has been put in place in school / the setting / college. Explain the application of the Assess, Plan Do and Review cycle and outline the impact of interventions, approaches, strategies on progress. Specify outcomes that have been set for the child/young person, explaining progress towards them.</p>
<p>How has the special educational provision that you have made been monitored and by whom? How has the monitoring process informed adaptation to the way in which provision is made?</p>
<p>Please describe ways in which you have implemented advice provided by external professionals and the impact on this child/young person's progress.</p>
<p>Why do you think this child/young person needs an EHCP now?</p>

Is there anything else you would like us to know about?

10 Appendices – Reports and Documentation		
Please confirm that the views of the child/young person are included in the documentation (template below)		Yes
I confirm that the views of the parent/carer are included in the documentation (template below)		Yes
<p align="center">Professional Reports</p> <p>You should attach and list <u>all relevant reports</u> that have been prepared by professionals about the child / young person in the last 3 years. If relevant include older reports.</p>		
Date of Report	Type of Professional	Name of Professional
<p>You should also attach key documentation from school / the educational setting / College. The list below is a guide only – please send only relevant information.</p> <p align="center">School / Setting Reports & Documents</p>		
Type of Document	Author	Date
EYFS two year progress check		
Foundation Stage Profile		
P level progress chart		
National Curriculum Progress record		
School assessment data / records		
School / setting general annual or termly report		
Attendance record		
Behaviour record		
School / setting provision map		
Individual Support Plans		
Minutes of educational progress review meetings		

Child/young person's name

Relevant Minutes of other meetings, eg. CAF, PSP, PEP		
Exclusion information		
Correspondence with parents/carers and others where relevant		
Careers / progression guidance and Plan		
Information on transport or travel to school / college		
Individual learning programme		
Other (please specify)		

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Child/Young Person's Views, Interests, Hopes and Aspirations
To be included as part of the request for an
Education, Health and Care Plan

Settings are welcome to create their own personalised documents to record the child or young person's views and attach as an appendix.

This form can be printed off separately if necessary to be completed but must be included within the appendices.

This section is an opportunity for the child/young person, if they wish, to express their views.

Name of child/young person		The views of the child were obtained by (name/relationship)	
Date of birth		on (date)	
School/setting		at (setting)	
Things that are important to me now			
What I'm good at – my skills and strengths			
Things I need more help with			
How I prefer to communicate and be engaged in decision making			
My hopes for the future (aspirations) <i>for example: friends and relationships, education, training and employment ambitions, independent living.</i>			
Anything else you would like us to know?			
Who helped you to write this			

Child/young person's name

information for us?	
Signed	

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**Parent's/Carer's Views
To be included as part of the request for an
Education, Health and Care Plan**

This form can be printed off separately if necessary to be completed but must be included within the appendices.

If the Council decides to make an EHC assessment, you will be asked if you would like someone to guide you through the assessment process and to make sure that you understand what is happening and who can answer your questions. Do you think that you might like to have some support? (Please x the box below)

Yes		No	
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Please provide a brief history of your child's, needs and difficulties and any progress they have made, under the headings below.

Your child's name	
Date of Birth	
School/setting	

Please tell us about your child's strengths, skills and achievements

--

Please describe your child's difficulties

--

Please tell us your hopes and aspirations for your child *eg education, pay, health, friendships, sixth form, independent living, university, employment etc*

--

Please tell us you think is working well for your child and what is not working well

--

Please describe how you and your child have been involved in planning and reviewing the special educational provision

--

Please tell us your reasons for making this request now, or supporting the request made by your child's educational setting

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Please add any other information you would like us to know

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Signed (electronic signature only otherwise please print off and sign)	Date

It is important that the documentation is clearly presented and indexed. Please do not send any unnecessary information. Please make sure that in making this request for an EHC assessment that you are familiar with Paragraphs 9:54 and 9:55 of the SEN Code of Practice and the document – “*Normally available provision for children with SENs in Barnet maintained schools and academies (2014)*”

I confirm that I have followed the guidance to complete this request and that the submission I have made is ordered and appropriately indexed.

Signed		Position		Date	
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Complete and return to the Assessment Manager, c/o:

SEN Referral and Assessment Team (Mailbox 41)
 Building 4, North London Business Park
 Oakleigh Road South
 London N11 1NP

(in an envelope marked confidential)

Or by **secure** email. Contact the SEN referral and assessment team for details
SENAdmin@barnet.gov.uk 0208 8359 7007