**Education Health and Care Needs Assessment**

**School / Setting Request Form**

**Dudley Metropolitan Borough Council**

**Checklist of Paperwork**

Before sending this Request please ensure that **all parts of the form** below are completed, and **any additional information** listed below is included. Add additional boxes if required.

**Please ensure that this document is submitted in Word format.**

**Ensure any additional reports that are included are current and relevant.**

**Please don’t send behaviour reports, school reports, CPOMS etc. unless relevant.**

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| **Evidence** | ***Included*** |
| **Part 1a:** A **completed** and signed Education Health and Care Needs Assessment request form. |  |
| **Part 2:** Section A – All About Me |  |
| **Part 3**: 2-3 terms of the Graduated Approach (assess, plan, do, review) as detailed in the SEND Code of Practice.**Including detailed review** of the impact of interventions delivered*(If, in exceptional circumstances, this is not available, provide reasoning.)* |  |
| **Part 4**: Costed Provision Map |  |
| **Part 5**: Health/Medical Questionnaire |  |
| **Part 6**: Social Care Questionnaire |  |
| **Part 7:** Copies of all **relevant** advice, reports and assessments from specialist professionals from education, health and/or social care, including most recent Educational Psychologist report, *if applicable*? |  |

Please note that by submitting this completed form you are signing to say that you have read and understood the Privacy Statement and agree with how your information will be used.

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| **Part 1: Pupil, Parent/Carer and School or Setting details** |
| **Name of child / young person:** |  | **UPN:** |  |
| **Date of birth:** |  | **Year group:** |  |
| **Gender:****Gender at Birth (if different)** |  | **Preferred Pronoun:** |  |
| **Date of request:** |  | **Ethnicity:** |  |
| **Child’s first language /communication method:** |  | **Parent/carer’s first language** |  |
| **NHS number:** |  | **Attendance** (last 12 months): |  **%** |
| **Is this child/young person looked after/Child in Care****Has child ever been previously looked after?** | **Yes**  [ ] **No** [ ] **Yes / No**  | **Authority (if yes):**  |
| **Setting name:** |  |
| **Setting address:** |  |
| **Named setting contact:** |   **Designation:** |
| **Telephone number:** |  |
| **Email:** |  |
| **Parent/ carer / guardian Names:****Telephone:****Email:** | **1)** | **2)**  |
| **Does this person have parental responsibility?** | Yes / No | Yes / No |
| **Address:** |  |  |
| **If those detailed above do not have PR, who does? Please provide details:** |  |
| **Does this child/young person currently have a Social Worker?** | **If yes, please provide contact details:** |
| **GP’s contact details** |  |
| **Form completed by:** | **Name** | **Designation** |
| ***Date received by SEN Team (Office Use)*** |  |

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| **Part 2: Summary of Current SEND** |
| **Reason for this EHC needs assessment** |  |
| **Communication and Interaction** | **Speech and language delay, disorder or impairment** |  |
| **Has WellComm intervention been used?**  | Yes | No |
| **Autistic Spectrum Disorder (ASD)** |  |
| **Other interaction difficulties** |  |
| **Cognition and Learning** | **General Learning Difficulties** |  |
| **Specific Learning Difficulties** |  |
| **Social, Emotional and Mental Health** | **This could include ASD as well as other conditions such as ADHD, but is not limited to a diagnosed condition** |  |
| **Sensory and/or Physical Needs** | **Hearing Impairment** |  |
| **Visual Impairment** |  |
| **Physical Difficulties** |  |
| **Sensory Difficulties** |  |
| **Any other information;** **eg. Medical** | **NB: it is the pupil’s educational needs rather than the medical diagnosis which must be considered** |  |

**Part 3: Attainment**

Age of child/young person at time of latest assessment data \_\_\_\_\_ Years \_\_\_\_\_ Months

**EYFS Profile** (only applicable for children up to Reception)

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| --- | --- | --- |
| **Area** | **Attainment****on Entry** | **Current Attainment** **(Please use ranges)** |
| P S E & D |  |  |
| Physical Development |  |  |
| Communication and Language |  |  |
| Literacy |  |  |
| Maths |  |  |
| Understanding of World |  |  |
| Exp Arts and Design |  |  |

P/National Curriculum Levels (please use EYFS box to reflect previous levels if applicable)

|  |  |  |
| --- | --- | --- |
|  | 1 year ago | Now*(If below ARE, indicate how far behind)* |
|  | Yr Group | P/NC Levels | Yr Group | P/NC Levels |
| Reading |  |  |  |  |
| Writing |  |  |  |  |
| Number |  |  |  |  |
| Science |  |  |  |  |

Assessment results \*st sc = Standardised Score

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Skill tested | Test used | 1 year agoAge equivalent | St Sc | NowAge equivalent | St Sc |
| Reading accuracy |  |  |  |  |  |
| Reading comp |  |  |  |  |  |
| Spelling |  |  |  |  |  |
| Numeracy |  |  |  |  |  |
| Other |  |  |  |  |  |

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| **For Delayed Language needs include details of WellComm intervention.**  |
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| GCSE Levels |
| Subject | Achieved | Year achieved | Predicted |
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Other Test/Course Results (post 16 or alternative providers):

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| --- | --- | --- | --- |
| Skill tested | Tests used | Now | Attainment |
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| Any other relevant attainment scores/percentiles etc. |
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**Part 4: Health Needs – Please ensure a medical questionnaire is completed**

*Eg. Physiotherapy, Occupational Therapy, Nutrition, General Health*

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| Details of any Health needs which relate to the child/young person’s SEN |
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| Details of any formal diagnoses *( include dates of diagnoses and who made them, where known)* |
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| Additional Health needs not connected to education |
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**Part 5: Social Care Needs**

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| Details of any Care needs relating to the child/young person’s SEN |
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| Has the Child/young person or family received support from Early Help or has an Early Help assessment been completed? | Yes | No |
| *Details* |
| Additional Care needs not related to the child/young person’s SEN |
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**Part 6: Other Information**

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| **Details of any exclusions** |
| Date of exclusion | No of days | Reason |
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| Details of any reduced timetable arrangements |
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| **Recent Attendance**  |
| Include attendance data for previous 3 terms | Possible | Actual |
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**People working with me and my family within the last 12 months**

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| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Professional role: |  | Professional role: |  |
| Telephone or mobile: |  | Telephone or mobile: |  |
| Email: |  | Email: |  |
| Date of first contact: |  | Date of first contact: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Professional role: |  | Professional role: |  |
| Telephone or mobile: |  | Telephone or mobile: |  |
| Email: |  | Email: |  |
| Date of first contact: |  | Date of first contact: |  |

**Part 7: Summary Details**

**Summary Privacy Notice** – Statutory Assessment and Review Service

The information you provide helps us to process requests for a statutory assessment for children and young people who have special educational needs and disabilities (SEND). It will be used to ensure we meet our legal duties and responsibilities in relation to children and young people with SEND under the Children’s and Families Act 2014 and The SEND Code of Practice 2014.

As part of this we will gather and share your personal information with organisations who will be able to provide advice and guidance to support the statutory assessment process. This may include; schools, early year’s settings, other Local Authorities, internal departments including Social Care, medical and health agencies and sometime the Department of Education.

More information on how we handle personal information and your rights under the data protection legislation can be found in our full Privacy Notice

<https://www.dudley.gov.uk/privacy-disclaimer-statement/peoples-directorate-dudley-send-team-privacy-notice/>

**Parent/Carer/Young Person Agreement**

I/We give consent for the Early Years setting/School/College to request a Statutory Education, Health & Care Assessment for my/our son/daughter.

I/We confirm that I/we have read and understood all of the information included in this request.

I/We confirm that the information, which I/we have provided, is correct.

I/We have read the Privacy Statement and understand that the information provided in this application will be used to ensure that the council’s records are correct. It will also be shared with other agencies and service providers to ensure that our son/daughter receives an appropriate service.

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| **Name of child/Young Person** |  |
| **Signature (Parent/Carer)** |  |
| **Young Person (If over age of 16)** |  |
| **Date** |  |

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| --- | --- |
| **Name of person submitting request** |  |
| **Role** |  |
| **Signature** |  |
| **Date** |  |