

Requesting an Education, Health and Care Needs Assessment (child or young person, 0 - 25)



This form can be completed by a Parent, School or professional working with the child/ young person. When completing this form, please attach all relevant evidence to support the application as failure to do so may affect the outcome of the Local Authority's decision. Should you receive further professional advice/ evidence/ reports after submitting this form, please contact the Statutory Assessment Service who will advise you further.

Please return this form to: Specialneeds.ELS@bexley.gov.uk

I. Child/ Young person's details

<p>Child/ Young person Surname: _____</p> <p>First name: _____</p> <p>M/F: ____</p> <p>Date of birth: _____</p>	<p>Home address: _____</p> <hr/> <p>Postcode: _____</p> <p>Telephone number: _____</p>
<p>Parent/ Carer responsibility</p> <p>Mother's name: _____</p> <p>Tel no. Home: _____ Mobile: _____</p> <p>Address if different to above: _____</p> <p>Father's name: _____</p> <p>Tel no. Home: _____ Mobile: _____</p> <p>Address if different to above: _____</p>	<p>Immigration status: _____</p> <p>C/YP First language: _____</p> <p>Parent's first language: _____</p> <p>Is an interpreter required? Yes/No</p> <p>Is a translation of written documents required? Yes/ No</p>
<p>Name(s) of other people with parental responsibility: _____</p> <p>Relationship to child/ young person: _____</p> <p>Telephone/ email number if different to home contact: _____</p> <p>Looked after child/ young person: Yes/No</p> <p>Local Authority: _____</p> <p>Social Worker: Name: _____</p> <p>Contact email and tel: _____</p> <p>Child Protection or Child in Need Plan in place? Yes/No</p>	
<p>Educational Setting: _____</p> <p>Is this a Bexley Setting? Yes/ No</p> <p>Year group: _____</p> <p>Unique Pupil Number (UPN): _____</p> <p>Education Contact</p> <p>Name: _____</p> <p>Designation/ Role: _____</p> <p>Contact email and tel: _____</p> <p>Is the pupil eligible for Pupil Premium? Yes/ No</p>	<p>Do you have a Bexley GP? Yes/ No</p> <p>GP Name: _____</p> <p>Medical Practice and address: _____</p> <hr/> <p>Contact tel: _____</p> <p>NHS Number: _____</p>

2. Who already knows the child/ young person?

Please tell us about the teams/professionals/ services involved in supporting the child’s/young person and any reports you need to include.

Please where relevant.

2.1. LOCAL AUTHORITY:

Professional/ Service, Name/ contact details if known	Not known to this service	No current involvement (in last 12 months)	Date of involvement (within 12 months)	Awaiting further assessment	Date of most recent report. Included Y/N
Educational Psychologist					
Early Intervention Team					
Advisory services (ASD, HI, VI, JCT)					
BEAS (Bexley Early Autism Support)					
Early Years Team					
Portage					
Education Welfare Service					
Child or Adult Social Care services (inc Children With Disabilities and Preparing For Adulthood, CWDS/PFA)					
Youth Offending Service (YOS)					
Inclusion Team					
OTHER:					

2.2 HEALTH:

Please tell us about any medical diagnosis/long term condition:

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Does the child/young person take regular medication? YES / NO (please circle or mark in bold)

(If yes, Please tell us what medication is taken).....

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Professional, Name/ contact details if known	Not known to this service	Discharged	Awaiting assessment	Involved	Report included
Community Paediatricians (NHS Oxleas)					
Speech and Language Therapy (NHS Oxleas only)					
Speech and Language Therapy Other (e.g. Private): (please name)					
Physiotherapy (NHS Oxleas)					
Occupational Therapy (NHS Oxleas)					
Occupational therapy Other (e.g. Private): (please name)					
Children and Adolescent Mental Health Service (CAMHS) (NHS Oxleas)					
Audiology					
Community Children's Nursing Team (NHS Oxleas)					
Dietitian (NHS Oxleas)					
Autism Assessment service ADHD Assessment Service					
Health Visitor					
Any Hospitals? Please name the hospital and team:					
Any other health professional/s involved?					

Is the child (**under 5 only**) known to the Child Development Coordination Service (CDCS, Queen Mary's).
Yes/ No?

3.1 What is the main reason for requesting the EHC Needs assessment?

What are the child/ young person's main barriers to learning?

How do the child/ young person's needs impact on their access to appropriate education?

3.2 Section A

Please summarise the child/ young person’s views of their current Aspirations, Strengths and Needs.

*E.g. What is working for me? How do I communicate?
I need help with... My strengths are...I would like to be able to ...*

**Please also attach the completed section A.
(It is an expectation this is included with the EHC Needs assessment request and will be viewed by the assessment panel).**

4. Child / Young person’s Educational History including previous schools attended if applicable, (with attendance % included) and any information regards exclusions, non-engagement etc.

5. Description of the child/ young person’s current skills, strengths and difficulties in the following areas

<p>A. Speech, language and communication skills</p> <p>B. Cognitive development including reasoning, organisational and problem solving skills, including approaches and attitudes to learning</p> <p>C. Social skills and interaction, (including play skills if appropriate) Emotional wellbeing/ Mental Health, including self-esteem and confidence</p> <p>D. Sensory and Physical development, including self-help and independence</p>	<p>Evidence included and appendix number:</p> <ul style="list-style-type: none">•
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Attainment (only complete the relevant/current)

6. EYFS only

EYFS Current years attainment			
Early Learning Goals	Autumn	Spring	Summer
Physical development			
Communication and Language			
Personal, social and emotional development			

6.1 School age only

Age related expectations	Reading	Writing	Maths
Working above ARE			
Working at ARE			
1 year below ARE			
2 years below ARE			
3+ years below ARE			

*ARE – Age related expectations

Cognitive Ability Tests (Education setting to provide if applicable):

Verbal:	
Quantitative:	
Non-verbal:	
Mean:	

6.2 Post 16 only (See note*)

Please indicate the current level of study

Level of study	Course title	Achieved (leave blank if the young person has not received/ required accreditation at this level)	Currently working towards
Entry level 1 (inc life skills, Functional Skills and ESOL)			
Entry level 2 (inc life skills, Functional Skills and ESOL)			
Entry level 3 (inc life skills, Functional Skills and ESOL)			
Level 1 (inc GCSEs grade 3-1 or D-G and Level 1 NVQ, BTEC, Functional Skills and ESOL)			
Level 2 (inc GCSEs grade 9-4 or A*-C and Level 2 NVQ, BTEC, Functional Skills and ESOL)			
Level 3 (inc A-levels, IB, and Level 3 NVQ, BTEC, and ESOL)			
Other			

*Post 16 - Please note that the course list detailed is not exhaustive – please indicate whichever course(s) and level of study is being accessed or which the young person plans to access. Please include the level of maths and English qualification obtained by the young person, and any ongoing studies for these subjects.

Please also note that for study at **level 4 and above**, an EHC needs assessment will not take place – support must be sought directly from the further education setting.

7 Relevant history and issues impacting on the child/ young person’s wellbeing, engagement and achievement (if applicable)

Please also include the names of any other children/ young people living in the family home who currently have an Education, Health and Care Plan or additional needs.

<p>a) At school –</p> <p>b) At home and in the community –</p>	<p>Evidence included and appendix number:</p>
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8 Evidence of the Graduated Approach used in the educational setting, what is working well for the child/ young person?

Assess Impact of need on learning	Plan & Do Interventions tried or currently in place, including how often	Review Progress/ Outcome	Resource and costing

9 Health resources

<p>a) What special health provision has already been made for the child?</p>	<p>Evidence included and appendix number:</p>
<p>b) For health needs, please consider what additional <u>health provisions</u> might meet the <u>Health</u> needs as identified.</p>	<p>Evidence included and appendix number:</p>

10 Social care resources

a) What <u>social care provision</u> has already been made for the child? Is a CAF currently in place? If so, please attach. If a CAF has previously been in place, please give date. Please include TAC information if applicable.	Evidence included and appendix number:
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SEND Code of Practice, 2015.

The majority of children and young people with SEN or disabilities will have their needs met within local mainstream early years settings, schools or colleges.

Some children and young people may require an 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.

An EHC needs assessment will not always lead to an EHC plan. The information gathered during an EHC needs assessment may indicate ways in which the setting, school, college or other provider can meet the child or young person's needs without an EHC plan.

11 **PARENTAL CONSENT**

Do you have any disabilities or additional needs that require alternative forms of communication or access arrangements for meetings? _____

I have read and agreed with the details included in this request. I agree to the EHC needs assessment request and give consent to the sharing of relevant information between education, health and care professionals during and after this process and to any further assessments of my child.

Signature: _____ **Print Name:** _____

Relationship to child: _____ **Date:** _____

SOCIAL CARE CONSENT

I understand that I may be contacted by a representative of Bexley Social Care Services as part of my child's Education, Health and Care needs assessment request.

This may be due to current or previous social care involvement.

I understand that if I/ my child have not had Social Care involvement previously we may also be contacted to support the EHC Needs Assessment. This may be in the form of a phone call in the first instance.

I understand that I may withdraw my consent to contact at any time and this may then result in a reduction of services being available for my child.

I hereby give consent to being contacted and a social care record may be created to assist with the needs assessment.

Name: _____ Signature: _____
Date: _____ Relationship to child: _____

I DO NOT give my consent to being contacted as I can confirm my child does not have needs requiring any additional support or intervention from Social Care Services.

Name: _____ Signature: _____
Date: _____ Relationship to child: _____

Educational Psychologist:

I confirm that this child or young person has been discussed with me.

Signature: _____ **Print name:** _____ **Date:** _____

I2 REFERRER (parent/ school/ professional/ YP)

I confirm I have discussed this request for an EHC Needs Assessment with:

- Education professional?

(i.e. **Head Teacher, SENCo, Educational Psychologist, Early Intervention Team**) **YES / NO**

If Yes, please provide details of who it was discussed with and when:

- Health professional? (i.e. **GP, Paediatrician, Health Visitor, OT** etc) **YES / NO**

If Yes, please provide details of who it was discussed with and when :

- Care professional? (i.e. **Social worker**, etc) **YES / NO**

If Yes, please provide details of who it was discussed with and when:

Print name: _____

Signature of referrer: _____

Designation: _____ **Date:** _____

Contact address and telephone number: