

**Request for information to school/college in response to young person/parent request for Education, Health and Care (EHC) assessment**

**Child’s name, DOB, Address**

**RESPONSE REQUIRED BY %%%(10 working days) IN ACCORDANCE WTH STATUTORY TIMESCALES**

The local authority has received a request from young person/parent to undertake an EHC assessment of their/their child’s special educational needs under section 36 of the Children & Families Act 2014. I enclose a copy of my initial response for your information.

In order to consider this request further, and in accordance with the Code of Practice please provide the following information by the deadline specified above. The young person/parent request for assessment together with your evidence will be considered by the local authority and we will respond to the young person/parent within 6 weeks with a copy to yourselves. ***Please upload this form and all relevant attachments electronically onto the pupil’s Gateway file.***

1. **School/ Setting details**

|  |  |
| --- | --- |
| Current school /setting & date started |  |
| Current Year group  |  |

**Attendance Record**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Educational Setting (including current)** | **Dates** | **Actual Attendance** | **Possible Attendance** | **% attended** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Social Care involvement / Family Support**

|  |  |
| --- | --- |
| Is there any current social care involvement? | **Yes No** |
| What is the nature of this involvement (including CAF or Early Help Assessment) |  |
| Name of Social Worker/Lead Professional |  |

1. **Health involvement**

|  |  |
| --- | --- |
| Is or has the child / young person, in the last 12 months, under the care of any health professionals? | **Yes No** |
| Name, role and contact details |  |
| Is a Health Care Plan in place? When was this reviewed?  |  |

1. **Areas of need (rank starting with primary need as 1 and marking those not applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cognition and Learning | Communication and Interaction | Social and Emotional | Sensory | Physical |
|  |  |  |  |  |

 **Description of Needs:**

* Cognition and Learning
* Communication and Interaction
* Social and Emotional
* Sensory and/or physical
* Preparing for key transitions and/or preparing for adulthood
* Health Needs (related to SEN)
* Social Care Needs (related to SEN)
1. **Attainments**

|  |  |  |
| --- | --- | --- |
|  | **Teacher assessment of P levels/NC levels** | **Tests** |
| Yr | Sp&l | Reading | Writing  | Maths | Test used | Date assessed | Reading age | ReadingComp age  | Spelling age |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |

1. **Outcomes and provision**

**What targeted support is the child/young person receiving currently to achieve their outcomes, that is additional to and different from normal differentiated classroom/support arrangements (SEN support)**

|  |
| --- |
| Outcomes sought:1.2.3. |
| Provision and delivery (eg.in class, group, 1-1) | Who does it? | How often?(Frequency & duration) | Start date:  | Review date: | Outcome: (Achieved, partially met, not met) |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

**What is the financial cost of providing the additional support identified?**

£\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Professional Involvement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Role** | **Nature of** **involvement** | **Dates of involvement**  | **Reports attached Y/N** |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Additional information, relevant assessments and reports**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment / Information** | **Date completed** | **Authors full name and role** | **Service**  | **Attached (Y/N Reason for why not)**  |
| Current and 2 most recently reviewed support plans/IEPs/provision maps |  |  |  |  |
| Health & Social Care reports referred to in Sections 3 & 4 |  |  |  |  |
| Other relevant information ie. unaided work, behaviour log/diary |  |  |  |  |

**Only complete Sections 9 & 10 if you consider that an EHC assessment is the appropriate next step to meet the child/young person’s special educational needs.**

1. **What additional support do you feel is required over and above that detailed above (question 6) that could be provided through an EHC plan?**

|  |
| --- |
| Outcomes sought:1.2.3. |
| Provision and delivery (in class, group, 1-1) | Who would do it? | How often?(Frequency & duration) | Start date:  | Review date: |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

1. **Gaps in information;** please give details of any information that would be helpful to gather as part of an EHC assessment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area of need | Details of missing information | What would this information provide? | Who could provide this? (Name and/or Role and/or Service) | Why hasn’t this information been provided to date? |
|  |  |  |  |  |
|  |  |  |  |  |

**Completed by**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **School** |  |
| **Role** |  | **Date**  |  |
| **Signature**  |  |

**Please send completed forms electronically via AnyComms to SEN Assessment & Commissioning Team.**