

**Pre EHC Needs Assessment Request**

**Checklist for Early Years Settings**

**Context**

Most children and young people with special educational needs (SEN) will have their needs met by support that is usually available in local mainstream early years settings, schools or colleges, with access to delegated educational funding (Elements 1&2 or Early Years Access funding) and services available through the Local Offer (www.kirkleeslocaloffer.org.uk).

All education settings **must** use their best endeavours to meet the needs of children and young people with SEN.

**How does the local authority decide whether an Education, Health and Care (EHC) needs assessment is necessary?**

A small number of 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. In considering whether an EHC needs assessment is necessary, the local authority will consider whether there is evidence that despite the education setting having taken relevant and purposeful action to identify, assess and meet their special educational needs, the child or young person has not made expected progress.

**Key things for the setting to consider before deciding to make a request for EHC needs assessment.**

In order to enable the local authority to make a fully informed decision you will need to present a range of information about the child/young person’s achievements and rate of progress, the nature and extent of their special educational needs and what action has been taken already to meet their SEN.

The purpose of this checklist is to help you to think about the evidence you need to gather together. You should be able to answer ‘yes’ to each of the questions below (giving consideration to the further guidance in the boxes) before you proceed to complete the ‘Request to Carry out an Education, Health and Care (EHC) Needs Assessment Form.’

**CHECKLIST FOR Early Years Settings**

1. Is a My Support Plan (MSP) in place? **YES/NO**
2. Has there been sufficient time to review its impact/effectiveness? **YES/NO**

*Prior to requesting EHC needs assessment a My Support Plan will normally be in place with sufficient time allowed to determine its impact on the child’s progress. Normally you would expect at least two review cycles to determine how the agreed provision is having an impact on the child’s progress within the EYFS and their wider development, to determine progress towards the outcomes agreed in the MSP, and to have the opportunity to make adjustments to the agreed provision and/or seek further advice following a review.*

*Guidance is available on the Business Solutions Website ‘Early Learning & Childcare’ Documents hub.*

*‘The Coordinated Planning Approach and Pathway - My Support Plan’*

*‘My Support Plan – template’ – V2f*

*‘My Support Plan – example’ - Elijah*

[*http://intranet.kirklees.gov.uk/specialeducation*](http://intranet.kirklees.gov.uk/specialeducation)

1. Can you provide clear evidence of the child’s -
	1. Attainment in the EYFS, compare attainments to age related expectations and demonstrate rates of progress? **YES/NO**
	2. Rates of progress/development across the full range of needs that you are planning for, and compare to age related expectations? **YES/NO**

*Accurate assessment of progress within the EYFS will need to be kept as a working document in the setting to enable clear understanding of progress and to support planning. When requesting EHC needs assessment you will need to be able to demonstrate attainments and rate of progress over the whole time the child has been attending the setting.*

*As well as providing academic attainments as described above you will also need to demonstrate progress/development across the full range of needs that you are planning for. Any specialist assessments / guidance / teaching targets, as advised by external agencies such as Speech and Language Therapists, Physiotherapists, EYSEN Support needs to be captured within the My Support Plan and identified within the provision you are offering. Your reviews will measure the progress the child has made with such provision.*

***Please note,*** *the local authority would generally expect to see complexity of need i.e. the child is significantly behind age related expectations in more than one area of need. The local authority will also consider the child/young person’s rate of progress and whether* ***despite*** *relevant and purposeful action being taken:-*

* *progress remains significantly slower than peers;*
* *fails to match or better their previous rate of progress;*
* *fails to close the attainment gap between the child and their peers;*
* *widens the attainment gap.*
1. Does the My Support Plan (and relevant appendices) clearly evidence ‘relevant and purposeful action’ (as described in the box below) already being taken to meet the child/young person’s SEN? **YES/NO**

*You will need to clearly demonstrate that you have taken ‘relevant and purposeful action’ to identify, assess and meet the special educational needs of the child, and that despite this they have not made the expected progress, or where they have made progress it is because of additional provision over and above what is normally provided.*

*To determine that you have ‘relevant and purposeful action’ you need to:-*

1. *Be satisfied that it is in line with national and local expectations as set out in:-*
* *The SEND Code of Practice – Chapter 6;*
* *Quality teaching and learning as defined through the EYFS*
1. *Demonstrate that any additional funding you have received through the Local Authority access Fund has been used purposefully and relevantly and that the impact of this funding is fully acknowledged within the My Support Plan.*
2. *Have involved the relevant external specialists as appropriate, and ensure that their involvement is clearly reflected within the My Support Plan and relevant appendices.*

**Note.** In some circumstances, a My Support Plan may not be in place, for example a child moving into the LA or a sudden and significant change in need eg. brain injury. If you are considering a request for a child in these circumstances, please contact your allocated SEN Assessment & Commissioning Team Casework Officer for a discussion before progressing with a request.

 **EDUCATION, HEALTH & CARE (EHC) NEEDS ASSESSMENT**

**EARLY YEARS SETTINGS REQUEST FORM**

**SUBMISSION FRONT SHEET**

|  |  |
| --- | --- |
| **Child’s Name:**  | **DOB:** |
| **Setting** |  |
| **EHC Assessment Keyworker (Name, Role and Contact details):** |
| ***Submission Guidance:*** *All of the information and evidence requested in this form must be provided in order to enable the local authority to make a fully informed decision.* ***Requests received with missing information, will not be accepted and will be returned for further information.****Please send this form and attachments to SEN Assessment & Commissioning Team, 1st Floor, Kirkgate Buildings, Byram Street, Huddersfield, HD1 1BY* |

**Pre Request Checklist**

|  |
| --- |
|[ ]  Is a My Support Plan (MSP) in place? |
|[ ]  Has there been sufficient time to review its impact/effectiveness?  |
|  | Can you provide clear evidence of the child’s:-[ ]  academic attainments, compare attainments to age related expectations and demonstrate rates of progress? [ ]  rates of progress/development across the full range of needs that you are planning for, and compare to age related expectations?  |
|[ ]  Does the My Support Plan (and relevant appendices) clearly evidence ‘relevant and purposeful action’ already being taken to meet the child/young person’s SEN?  |

**Submission Checklist:**

|  |
| --- |
|[ ]  Current My Support Plan including evidence of the two most recent assess, plan do, review, review cycles |
|[ ]  All relevant Social Care / Early Intervention Reports within the last 18 months (Please mark N/A if not applicable) |
|[ ]  All relevant Health Reports within the last 18 months (Please mark N/A if not applicable) |
| [ ]  | All relevant reports from Education professionals within the last 18 months |

**Submission Content:**

1. Request Form
2. My Support Plan
3. Appended reports / information Reports:

(Appended reports will be considered as reference only at the decision stage of the request – all relevant needs and provision informed by these reports **must** be highlighted within the Request forms and MSP.

In the event of an EHC Needs Assessment is agreed, these reports will be used as a contribution to assessment advice).

|  |  |  |  |
| --- | --- | --- | --- |
| Report | Author | Date completed | Used to inform MSP |
| 1. |  |  |[ ]
| 2. |  |  |[ ]
| 3. |  |  |[ ]

**Support Planning Meeting:**

Should the request be agreed, who should be invited to the Support Planning Meeting?

(All details **must** be provided)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Role: | Service | Contact address, email and telephone number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EDUCATION, HEALTH & CARE (EHC) NEEDS ASSESSMENT**

**Early Years Setting REQUEST FORM**

**REQUEST FORM**

|  |
| --- |
| **Having read the guidance and completed the pre request checklist, please give a brief overview of why you feel an EHC Needs Assessment is required:** |
|  |

1. **Personal Details**

|  |  |
| --- | --- |
| Child’s Name: |  |
| DOB: |  |
| Male/Female: |  |
| Ethnicity: |  |
| Current School and NC Year if appropriate |  |
| NHS number: |  |
| Address including postcode: |  |
| Parent/Carer names and postal address if different from above:(please indicate parental responsibility) |  |  |
| Parental Responsibility |  | Parental Responsibility |  |
| Brothers and sisters names and DOBs: |  |
| Home Phone number: |  |
| Mobile number: |  |
| Email address: |  |
| Permission from parent for email communication: |  |
| Home language (written and spoken) | Spoken: | Written:  |
| Any other relevant personal information |  |

1. **Social Care / Early Intervention involvement**

|  |  |
| --- | --- |
| Is the child a Looked After Child? (provide details of status) |  |
| Has or is the child a Child In Need (Section 17) or Subject to a Child Protection Plan (Section 47).  |  |
| Social Worker Details | Name |  |
| Team |  |
| Location |  |
| Has or is the child supported through an EITS Single Assessment? | Yes | Single assessment information provided as submission appendix | [ ]  |
| No | Section 10 of MSP guidance, Social Care / EITS Checklist provided as submission appendix | [ ]  |

1. **Health involvement**

|  |  |
| --- | --- |
| Is or has the child , in the last 12 months, under the care of any health professionals? |  |
| 1. Name, role, service, location & dates of involvement
 |  |
| 1. Name, role, service, location & dates of involvement
 |  |
| 1. Name, role, service, location & dates of involvement
 |  |
| Is a Health Care Plan in place?  | Yes / No  |
| When was this reviewed?  |  / / |

1. **External education involvement**

|  |  |
| --- | --- |
| Is or has the child in the last 12 months been assessed or supported by any education professionals external to the setting? |  |
| 1. Name, role, service, location & dates of involvement
 |  |
| 1. Name, role, service, location & dates of involvement
 |  |
| 1. Name, role, service, location & dates of involvement
 |  |

1. **Total financial allocation from your most recent access panel request you have made to support the provision, in addition to Quality FirstTeaching, as detailed within the My Support Plan**

£ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Autumn term

£ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spring term

£\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Summer term

**Referrer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Setting** |  |
| **Role** |  | **Date**  |  |
| **Signature**  |  |

**CONSENT:**

* *I agree for the local authority to request and share information with other agencies with regards to the EHC Needs Assessment process under the Children & Families Act 2014.*
* *I agree for the local authority to share any EHC Plan or information gathered as part of the EHC Needs Assessment process with partner agencies who have been involved with the assessment.*

***Without consent the referral will not be accepted for consideration.***

|  |  |  |
| --- | --- | --- |
| **Name** |  | **Parent/Carer** |
| **Signature** |  | **Date** |  |

**PRIORITY NEEDS, ATTAINMENTS & PROGRESS**

**Priority Needs (Rank 1-5 or N/A – 1 being primary need)**

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

|  |
| --- |
| **Analysis of attainment and progress:** Please provide an analysis of what this data means, in relation to your specific assessment system and what this means for the child/young person in respect of individual learning & progress.  |

|  |
| --- |
| Where you have used more specialist assessment tools in relation to specific areas of need, please provide an analysis of these assessments to demonstrate the child/young person’s progress/development across the full range of needs that you are planning for, and to provide a comparison with age related expectations.  |

**EYFS Progress Summary Sheet**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Setting |  | Key Person |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Area of Learning | PSED | Communication & Language | Physical Development | Literacy | Mathematics | Understanding of the World | Expressive Arts and Design |
| Phase | Making relationships | Self-confidence and self awareness | Managing feelings and behaviour | Listening and attention | Understanding | Speaking | Moving and handling | Health and self-care | Reading  | Writing | Numbers | Shape, space and measure | People and communities | The World | Technology | Exploring and using media and materials | Being imaginative |
| Birth – 11 months |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8-20 months |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16-26 months |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22-36 months |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30-50 months |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 40-60+ months |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ELG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Date |  |  | Date |  |  | Date |  |  | Date |  |
|  | Date |  |  | Date |  |  | Date |  |  | Date |  |