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**Process for identifying a child / young person who may require a statutory Education, Health and Care needs assessment**

A child/young person is making slow or little progress. There is evidence from a range of sources including review of progress data, observations by staff

parents or screening and assessments.

**The Graduated Response:** A four -part cycle of SEND Support -assess plan, do review, (APDR) with the child/young person at the centre. Actions are revisited, refined and reviewed with view to removing barriers to learning and putting effective provision in place. The SEND Code of Practice (2015) identifies a child/young person has SEND when ‘*his/her learning disability calls for special educational provision different from or additional to that normally available to pupils of the same age …..making higher quality teaching normally available to the whole class is likely to mean that fewer*

*pupils will require such support’* (pgs 94-5)

**LONG TERM NEEDS**

If after 6 months and at least two/three reviews of APDR cycles, there is limited progress and concerns remain, and it is likely that the school will need additional resources over and above core SEN funding to support the child/young person, then a multi professional SEND review /TAF meeting can be held to consider whether statutory assessment should be requested.

**ASSESS**

**Building a holistic picture of the child/young person’s learning needs** by gathering information from several sources, such as the child/young person, parents and carers, colleagues and external professionals as well as data and attendance.

Review of ‘quality first teaching’ and impact of any class based targeted interventions.

Consider whether a child/young person has SEND or whether lack of progress is due to other reasons eg: EAL.

**PLAN**

**Using the information gathered above, generate a hypothesis about the type of support that could work.**

This decision should consider the research evidence about effective classroom teaching strategies and targeted interventions as well as those suggested by an external professional(s)

**This decision**

**SMART** targets and outcomes:

Specific

Measurable

Achievable

Relevant/realistic

Time-linked

**REVIEW**

**Did the support work?**

Regular review meetings involving colleagues, parents and pupils and any specialist services to evaluate the quality of support and impact. What has gone well, what progress has been made, what adjustments should be made and refined, what else is needed?

Refining and updating of targets and outcomes.

**DO**

**Implement the planned support**

Carry out the plan of support for 6-8 weeks.

During this time, record evidence of the child/young person’s progress

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**Information sharing and data protection statement**

As a parent or carer we need to inform you how we share data about you and your children. We also want to emphasise the ways in which we protect your data so that no-one else can access it.

We will use the information in this form to consider whether to create a needs assessment under the requirements of the Children and Families Act 2014

The information that you and other professionals provide will, with your consent, be normally shared. Examples of situations when we may share information **without** your consent are:

* If we need to find out urgently if a child is at risk of harm or we need to help a child who is at risk of harm
* If we need to help an adult family member who is at risk of harm
* If we need to help prevent or review a serious crime

Please select and ring one of the following:

* I am an advocate working with a child
* I am a young person aged 16-25
* I am the parent, guardian/carer of a child/young person aged 0-25

Consent

I understand that the information gathered will be saved and used for the purpose of deciding whether to conduct an assessment and /or provide an Education, Health and Care Plan and /or in recommending other services to me.

If there is any individual or organisation who you would wish information not to be shared with, please give details below and explain why:

|  |
| --- |
|  |

By ticking this box, I agree to the gathering and sharing of information between my educational setting, health services, social care or other professionals as necessary to support the EHC needs assessment and planning process.

|  |
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**If Early Years, please complete the blue and yellow sections**

**If statutory school age/college, please complete the blue and green sections**

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| --- |
| **Section A**  |

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| --- |
| **Referral Details** |

|  |  |
| --- | --- |
| **Details of Person making the referral** | Parent/ Young Person;/ School/ Professional (delete as applicable)  |
| **Name:** |  |
| **Address:** |  |
| **Contact:** |  |
| **Is this the first request made for the child or young person?**  | **Yes** | **No** | **Not known** |

|  |
| --- |
| **Child /young person’s details** |
| **First Name:**  |  | **Family Name:**  |  |
| **Middle Name (s):** |  | **Preferred Name:** |  |
| **UPN:** |  | **NHS Number:** |  |
| **Date of Birth:** |  | **If Early Years, age in years and months:**  |  |
| **If statutory school age, age in years:** |  | **Year Group:**  |  |
| **If not in Early Years setting or being taught outside chronological year group, please give reasons:**  |  |
| **Gender:** |  | **EAL:** |  |
| **Ethnicity:**  |  | **Interpreter needed:** | Yes / No |
| **Preferred spoken language:**  |  | **Preferred written language:** |  |
| **Religion:**  |  | **Siblings & place in family:**  |  |
| **Main telephone number:** |  | **Email address:** |  |
| **Address:**  |  |
| **Preferred method of contact:**  | **Email:** |  | **Phone:** |  |

|  |
| --- |
| **Child /young person’s main contacts –(Family)** |
| **Full Name:** |  | **Relationship or Role:** |  |
| **Preferred Language:**  |  | **Is an interpreter required?**  |  |
| **Who has parental responsibility for the child/young person?** |  |
| **Telephone:**  |  | **Email:** |  |
| **Address:**  |  |
| **Preferred method of contact:**  | **Email** |  | **Phone:**  |  | **Post:**  |  |
| **Address if different:**  |  |
| **Telephone:**  |  | **Mobile:** |  |
| **Preferred method of contact:**  | **Email**  |  | **Phone:**  |  | **Post:**  |  |
| **Is the child/young person looked after?**  | **Yes**  |  | **No:**  |  | **If yes, Name the Local Authority:** |  |
| **Social Worker’s name and contact details:**  |  |

|  |
| --- |
| **Details of the child or young person’s current education setting**  |

|  |  |
| --- | --- |
| **Name of setting/ school/ Alternative Provision/ College:**  |  |
| **Address:**  |  |
| **Phone:**  |  | **Email:**  |  |
| **Is the setting out of the LA?**  | **Yes**  |  | **No**  |  |
| **Start date:**  |  | **Leaving date:** |  |
| **Reason for leaving:**  |  |
| **Previous settings/ schools attended if applicable and dates:** |  |

|  |
| --- |
| **Contact details of current setting/school/alternative provision /college**  |
| **Contact Name:**  |  | **Position -/****Role:**  |  |
| **Address:**  |  |
| **Telephone:**  |  | **Email:** |  |

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| --- |
| **Attendance***Please provide as much information as possible and comment where necessary on the likely impact of any absences on the child /young person’s progress* |
|  |
|  **Early Years:** package/number of days /hours attending  |  |
|  **Attendance:** |   |
|  **Punctuality:**  |  |
|  **Comments:**  |  |

|  |
| --- |
| **Statutory School Age/ Alternative Provision/ College** *Please provide as much information as possible and comment where necessary on the likely impact of any absences on the child’s progress**Add attendance data from previous schools if applicable* |
| **Name of school/ Alternative Provision/ College**  | **Period (Dates)**  | **Percentage Attended**  |
|  |  |  |
|  |  |  |
|  **Comments:** |  |

|  |  |  |
| --- | --- | --- |
| **Is / has the child /young person ever been home schooled?**  | **Yes (include dates of start /duration)**  | **No**  |
| **If Yes, please give reasons:** |

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| **Section B**  |

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| **Reasons for Request**  |

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| **Early Years Request** |
| **Please explain why an EHC assessment is needed:**  |  |

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| **Please describe, under the four headings of SEN Need, the child’s additional needs which have led to this request.***Include reference to all Early Years Assessments, 2-year Health Check, reports and diagnosis and attach to the request* |

|  |
| --- |
| **EYFS Area of Learning: Communication and Language****What is the impact of the child’s needs on their ability to communicate and interact with others?** *If you require suggestions/ guidance in completing this section, please see Appendix 1* |
| **Current Attainment**  | **Description of Concerns**  |

|  |
| --- |
| **Cognition and Learning** **EYFS Area of Learning: Literacy, Mathematics, Understanding the World; Expressive arts and design.*****What is the impact of the child’s needs on their development and engagement in learning?*** *If you require suggestions/guidance in completing this section, please see Appendix 1*  |
| **Current Attainment**  | **Description of Concerns** |

|  |
| --- |
| **EYFS Area of Learning: Personal, Social & Emotional Development** ***What is the impact of the child’s needs on their personal, social, emotional development including behaviour****If you require suggestions/ guidance in completing this section, please see Appendix 1* |
| **Current Attainment** | **Description of Concerns** |

|  |
| --- |
| **EYFS Area of Learning: Physical Development (including sensory needs)*****What is the impact of the child’s needs in their daily life at home and at school?****If you require suggestions/ guidance in completing this section, please see Appendix 1* |
| **Current Attainment**  | **Description of Concerns**  |

|  |
| --- |
| **Independence & Self -Care** ***What is the impact of the child’s needs in their daily life at home and at school?****If you require suggestions/ guidance in completing this section, please see Appendix 1* |
| **Current Attainment**  | **Description of Concerns**  |

|  |
| --- |
| **Is there any other relevant information to support this request?**  |
|  |

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| --- |
| **Statutory School /Alternative Provision/College Request**  |

|  |  |
| --- | --- |
| **Please explain why an EHC assessment is needed:** |  |

|  |
| --- |
| **Please describe, under the following headings, the child/ young person’s additional needs which have led to this request.***Include reference to all reports and diagnosis and attach to the request*  |

|  |
| --- |
| **Communication and Interaction** **What is the child/ young person’s ability to communicate and interact with others?** *If you require suggestions/ guidance in completing this section, please see Appendix*  |
| **Current Attainment**  | **Description of Concerns**  |

|  |
| --- |
| **Cognition and Learning** **What is the child/ young person’s ability to access the curriculum and participate in lessons?** *If you require suggestions /guidance in completing this section, please see Appendix*  |
| **Current Attainment**  | **Description of Concerns**  |

|  |
| --- |
| **Social, Emotional & Mental Health** **What is the impact of the child/young person’s needs on their personal and social development?** If you require suggestions/ guidance in completing this section, please see Appendix  |
| **Current Attainment**  | **Description of Concerns**  |

|  |
| --- |
| **Sensory and Physical** **What is the impact of the child’s sensory or physical needs at home /school/college ?***If you require suggestions/ guidance in completing this section, please see Appendix*  |
| **Current Attainment**  | **Description of Concerns**  |

|  |
| --- |
| **Independence and Self-Care** **What is the impact of the child’s needs at home/ school/ college?***If you require suggestions /guidance in completing this section, please see Appendix*  |
| **Current Attainment**  | **Description of Concerns**  |

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| --- |
| **Is there any other relevant information to support this request?**  |
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| **Section C**  |

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| **Attainment Information****Give details of the child/young person’s attainment, progress and achievement over the last six months.***Please attach most recent assessments /tracking data from past six months as well as any data from previous two years if available*. |

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| **Early Years**  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes**  | **No**  | **Comments**  |
| **Is there a 2 Year development check?**  | **Yes**  | **No**  |  |
| **Has there been an integrated check with health?**  | **Yes**  | **No** |  |

|  |  |  |
| --- | --- | --- |
| **Areas of Learning**  | **Aspects of Learning**  | **Which age /development band is the child currently working at?** **Age/stage of development (in months)**  |
| **Communication and Language Development**  | Listening and attention  |  |
| Understanding |  |
| Speaking  |  |
| **Personal, Social, Emotional Development**  | Building relationships |  |
| Managing self -self-confidence and awareness  |  |
| Self-regulation -managing feelings and behaviour |  |
| **Physical Development** | Gross motor skills Fine motor skills  |  |
| Health and self-care |  |

|  |  |  |
| --- | --- | --- |
| Literacy  | Comprehension  |  |
| Word reading  |  |
| Writing |  |
| Mathematics  | Number  |  |
| Numerical Patterns  |  |
| Understanding the World  | Past and Present |  |
|  | People, Culture and Communities  |  |
|  | The Natural World |  |
| Expressive Arts & Design  | Creating with Materials |  |
|  | Being Imaginative and Expressive |  |

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| **Statutory School Age /School/Alternative Provision** *If using own school -based assessment measures, please make clear how these relate to statutory assessment arrangements -see tables below.* *Alternatively, please complete the most applicable table below for the child/young person.* **Key Stages 1 and 2**  |

**Child /Young person engaged in National Curriculum Outcomes -please add comments as appropriate**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Working at Greater Depth in the National Curriculum** **(GDS)** | **Working at the National Curriculum Expected Standard****(EXS)** | **Working Towards the National Curriculum Expected Standard**  **(WTS)** | **Working below the National Curriculum Key Stage Expectations (BLW)**  |
| **Expressive and Receptive Language** |  |  |  |  |
| **Word Reading** |  |  |  |  |
| **Comprehension**  |  |  |  |  |
| **Writing**  |  |  |  |  |
| **Mathematics**  |  |  |  |  |

**Pre-Key Stage 2:**

***Child /Young Person in Key Stage 1 and 2 engaged in subject -specific study who is working below the overall standard of the National Curriculum tests and teacher assessment frameworks and who can demonstrate recognisable and specific skills, knowledge and understanding in English language comprehension and reading, writing and Mathematics.***

**English Language Comprehension and Reading**

|  |  |
| --- | --- |
| **Standard 1 Language Comprehension**  | **Comments**  |
| **Standard 2** **Word Reading** **Language Comprehension** | **Comments**  |
| **Standard 3** **Word Reading** **Language Comprehension** | **Comments**  |
| **Standard 4****Word Reading** **Comprehension** | **Comments**  |
| **Standard 5****Word Reading****Language Comprehension** **(working towards the KS1 expected standard)** | **Comments**  |
| **Standard 6** **Word Reading****Language Comprehension****(working at the KS1 expected standard)** | **Comments**  |

**English Writing**

|  |  |
| --- | --- |
| **Standard 1 Composition Transcription**  | **Comments**  |
| **Standard 2 Word Composition Transcription**  | **Comments**  |
| **Standard 3** **Composition Transcription**  | **Comments**  |
| **Standard 4****Composition Transcription**  | **Comments**  |
| **Standard 5****Composition** **Transcription****(working towards the KS1 expected standard)** | **Comments**  |
| **Standard 6** **Composition** **Transcription** **(working at the KS1 expected standard)**  | **Comments**  |

**Mathematics**

|  |  |
| --- | --- |
| **Standard 1**  | **Comments**  |
| **Standard 2**  | **Comments**  |
| **Standard 3**  | **Comments**  |
| **Standard 4** | **Comments**  |
| **Standard 5****(working towards the KS1 expected standard)** | **Comments**  |
| **Standard 6** **(working at the KS1 expected standard)**  | **Comments**  |

**Engagement Model**

***Child/Young Person at Key Stage 1 or Key Stage 2 who is working below the standard of the National Curriculum assessments and is not engaged in subject -specific study.***

**Areas of Engagement**

|  |  |
| --- | --- |
| **Exploration**  | **Comments** |
| **Realisation** | **Comments**  |
| **Anticipation**  | **Comments** |
| **Persistence**  | **Comments** |
| **Initiation**  | **Comments**  |

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| **Statutory School Age /Alternative Provision** **Key Stage 3** |

**Child /young person engaged in National Curriculum Levels -please add comments as appropriate**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Working at Greater Depth in the National Curriculum** **(GDS)** | **Working at the National Curriculum Expected Standard****(EXS)** | **Working Towards the National Curriculum Expected Standard**  **(WTS)** | **Working below the National Curriculum Key Stage Expectations (BLW)**  |
| **Expressive and Receptive Language** |  |  |  |  |
| **Word Reading** |  |  |  |  |
| **Comprehension**  |  |  |  |  |
| **Writing**  |  |  |  |  |
| **Mathematics**  |  |  |  |  |

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| **Statutory School Age /Alternative Provision** **Key Stage 4** |

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| **If Years 10-11 and taking GCSEs, please complete the table below**  |
| **Subject** | **Target Grade**  | **Predicted Grade**  | **Expected Grade**  |
|  |  |  |  |
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| **Statutory School Age /Alternative Provision / College****Key Stage 5**  |

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| **If Years 12-13 and taking GCSEs / As Levels/A Levels, please complete the table below**  |
| **Subject** | **Target Grade**  | **Predicted Grade**  | **Expected Grade**  |
|  |  |  |  |
|  |  |  |  |
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| **Section D**  |

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| **SEN Support and Interventions**  |

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| *Describe the ‘Assess, Plan, Do, Review’ cycle and the interventions that the school/setting has implemented (for at least six months) to identify, assess and address needs.* *You* ***must show clear and detailed evidence*** *of the interventions and provision implemented and time given for these to be embedded, noting the impact they have had on the child/young person.* *Transitions between settings:* *Data / evidence of APDR cycles within the past 6 months from the child/young person’s previous setting can also be submitted to support your request. This may enable you to submit a request sooner than 6 months if needed. However, you must be able to demonstrate evidence of at least one APDR cycle and the impact this is having.* ***If you are using your school’s Provision Map/SEND Support Plan to show the evidence of the APDR cycle for this child/young person, the following worked example and template below can be used as guidance.***  |

**Worked example**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***eg*** | ***Short term outcome*** | **Strategies/action/intervention****to achieve this outcome**  | ***Frequency, duration, timeframe & cost*** ***of intervention***  | ***Assessment tool and measure of impact***  |
|  | *READING - Learn sight vocabulary for 100 most frequently occurring words* | *Small group (of 5), with LSA using flashcards, and Precision Teaching* | *Twice daily, 20 minutes, 6 weeks**£150* | *Precision Teaching assessment:**Checklist of 100 Most Frequent words* |
|  | ***Review date: 01/02/03*** | ***Progress Outcome****: review = improvement from 37 words recognised to 100* ***Comment*** *-how has child/young person responded to this intervention?* |

|  |  |
| --- | --- |
| **When did SEN Support start within the setting/school?** | *Please give dates* |

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| --- |
| **Template**  |
| **1.** | **Short term outcome** | **Strategies/action/intervention****to achieve this outcome**  | **Frequency, duration, timeframe, & cost** **of intervention** | **Assessment tool and measure of impact** |
|  |  |  |  |  |
|  | **Review date:**  | **Progress Outcome:** **Comment:**  |
| **2.** | **Short term outcome**  | **Strategies/action/intervention****to achieve this outcome**  | **Frequency, duration, timeframe, & cost** **of intervention** | **Assessment tool and measure of impact** |
|  |  |  |  |  |
|  | **Review date:**  | **Progress Outcome:** **Comment:** |
| **3.** | **Short term outcome**  | **Strategies/action/intervention****to achieve this outcome**  | **Frequency, duration, timeframe, & cost** **of intervention** | **Assessment tool and measure of impact** |
|  |  |  |  |  |
|  | **Review date:**  | **Progress Outcome:** **Comment:** |
| **4.** | **Short term outcome**  | **Strategies/action/intervention****to achieve this outcome**  | **Frequency, duration, timeframe, & cost** **of intervention** | **Assessment tool and measure of impact** |
|  |  |  |  |  |
|  | **Review date:**  | **Progress Outcome:** **Comment:** |

|  |  |  |
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| **Is the child/young person receiving SEN Top Up funding from the Local Authority?** | **Yes / No**  | **Medium /high need?****When did this start?** **Number of hours per week?**  |

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| **Section E**  |

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| **Details of Involvement of External Agencies***Please Indicate which of the following services the child/young person accesses now or has accessed in the recent past. Please also indicate if services have been offered but not taken up* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of Specialist & Contact Details**  | **Start and end date of Intervention**  | **Date of Report** ***Please attach***  | **Comments** |
| **Audiology** |  |  |  |  |
| **CAMHS** |  |  |  |  |
| **Child Development Team -Paediatrician/Consultant**  |  |  |  |  |
| **Children’s Home Care Team**  |  |  |  |  |
| **Dietician**  |  |  |  |  |
| **Early Help /Family Support** |  |  |  |  |
| **Educational Psychologist** |  |  |  |  |
| **Health Visitor** |  |  |  |  |
| **Heathway Centre**  |  |  |  |  |
| **Manager PVI Nurseries**  |  |  |  |  |
| **Occupational Therapy** |  |  |  |  |
| **Physiotherapy** |  |  |  |  |
| **Portage Service**  |  |  |  |  |
| **SENDIASS**  |  |  |  |  |
| **School Nurse** |  |  |  |  |
| **Sensory Support Service** **Teacher of the Deaf** **Visual Impairment**  |  |  |  |  |
|  **Social Care** |  |  |  |  |
| **Specialist Hospital (eg GOSH/ Moorfields)** |  |  |  |  |
| **Speech and Language Therapy - Communication** |  |  |  |  |
| **Speech and Language Therapy - Specialist Feeding** |  |  |  |  |
| **Sycamore Trust (ASD)** |  |  |  |  |
| **Other** |  |  |  |  |

|  |
| --- |
| **Health Needs**  |
| **Does the child/young person have formal medical diagnosis /diagnoses?**  | **Yes / No** | If yes, please give details |
| **Does the child/young person have ongoing and lasting health needs that will require specialist treatment for the foreseeable future?**  | **Yes / No** | If yes, please give details |
| **Does the child/young person have visual /hearing impairment.** **Is there a specialist teacher involved?**  | **Yes/No**  | Is yes please give details  |
| **Are these health needs impacting on the child/young person’s current development and attainment?**  | **Yes / No** | If yes, please give details  |

|  |
| --- |
| **Social Care Needs** |
| **What information about the child or young person’s social care needs is relevant?** |
| **Are there any identified social care needs that have not met the threshold of Social Care?**  | **Yes / No** | Comments |
| **Please give dates of any TAF meetings and attach reports of reviews** |  |
| **Does the child /young person have a CIN/CP plan?** | **Yes / No** | If yes, please give date when this was initiated  |

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| **Section F**  |

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| **Views of the child or young person and their parent, carer or guardian** **Please attach parent and child /young person’s views to this document**  |

|  |  |  |
| --- | --- | --- |
| **Was the child or young person involved in the discussion that led to this request?**  | **Yes**  | **No**  |
| **Comment** |

|  |  |
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| **Please record voice of child from observations if unable to voice thoughts and feelings**  |  |

|  |  |  |
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| **Has the parent /carer been involved in the discussion that led to this request?**  | **Yes**  | **No**  |
| **If No, please explain why not** |  |

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| **Section G**  |

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| **Agreements**  |

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| --- | --- | --- |
| **Consent form has been completed and submitted by parents/carer** | **Yes**  | **No** |

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

|  |  |
| --- | --- |
| **Early Years Setting/School/Alternative Provision/College**  |  |
| **SENCO:** |  |
| **Signed and date:**  |  |
| **Headteacher/Principal:**  |  |
| **Signed and date:**  |  |
| **Statement from Headteacher/Principal endorsing request for EHC Needs Assessment:** |  |

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| **Section H**  |

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| **Information Checklist***You must include the following with your request where applicable* |

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| Evidence of the child/young person’s achievements (attainment and progress) |  |
| Evidence of the involvement and views of external agencies where applicable including:* SaLT
* Educational Psychologist Service
* Health Authority
* Paediatrics/Hospital
* Occupational Therapy
* Portage
* Early Help Team
* Educational Welfare and Attendance Service
* Social Care

Include copies of reports /minutes held at various stages over the past where appropriate |  |
| CAF/TAF /social care assessment/minutes of SEN reviews /meetings if applicable.Check it includes the following information if applicable:* housing
* employment status
* immigration status
* family network and support
* other medical /social/educational needs within the family
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| Copies of personalised planning for the child/young person-included curriculum planning  |  |
| Copies of detailed and costed provision maps /SEND support plans for the past year |  |
| Parent views  |  |
| Child/ young person’s views |  |
| Attendance record  |  |
| Dated and annotated examples of child/young person’s work, where appropriate  |  |
| Timetable of support if Early Years  |  |

**Appendix**

**Suggestions for completing Section B - Reasons for Request**

***The following are pointers under the four SEN areas of need that are possible areas of difficulties experienced by the child/young person:***

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| **Early Years** |

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| **Communication and Interaction** |

Possible areas of difficulties experienced by the child/young person might be:

* attention /responding to and following instructions/prompts /conversation
* responding appropriately when spoken to
* receptive and expressive language
* inability to follow a series of instructions
* interrupting or talking out of turn
* understanding and using a range of vocabulary
* expressing basic needs
* making connections/links
* showing an interest in what other children are playing and sometimes joining in

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| **Cognition and Learning**  |

Possible areas of difficulties experienced by the child/young person might be:

* understanding instructions and requirements of tasks
* following a series of instructions
* acquiring sequencing skills
* transferring and applying skills to different situations
* understanding how they relate to their immediate surroundings
* engaging in open -ended activity
* maintaining a focus on an activity
* showing curiosity about objects, events and people
* acquisition of early literacy and numeracy skills
* understanding cause and effect
* visual and auditory memory
* personal development/social skills
* dependency on technology to support communication or to control the world around them requiring a high level of adult support and /or sensory stimulation/highly tailored curriculum

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| Personal, Social, Emotional and Mental Health  |

Possible areas of difficulties experienced by the child/young person might be:

* learning or communication difficulties
* lack of focus/ inattentiveness/restlessness
* identifying feelings /expressing emotional and social needs
* impulsive /unpredictable/inappropriate behaviour
* poor emotional regulation
* mood swings, frustration, non-cooperation, withdrawal/ isolation, disengagement /non-attendance
* fixating on one activity and becoming upset if asked to do something different
* social relationships
* social skills-difficulties in relating to others /social play
* low self-esteem
* lack of confidence
* reluctance to accept praise
* managing change/transitions
* anxiety, attachment difficulties /trauma

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| **Sensory and Physical**  |

Possible areas of difficulties experienced by the child/young person might be:

Hearing:

* delay in language development and /or disordered language development
* difficulties in pronouncing some words or speech sounds
* mispronunciation of some words /sounds
* failure to respond appropriately when spoken to
* frequent observation of peers for a lead as to what to do-reliant on social/visual cues to know what to do
* giving incorrect answers to simple questions / needing information to be repeated
* working and auditory memory
* intense face/lip watching
* tendency to speak loudly and to have difficulty monitoring voice level and withdrawal
* listening fatigue resulting in disengagement, withdrawal, poor behaviour
* balance-gross motor skills
* poor self-esteem and self -image

Visual:

* missing- out on facial expressions and social cues -including making and maintaining friendships
* experiencing difficulty in distinguishing fine detail
* moving around the environment
* limited access to incidental learning through observing and mirroring actions of others
* fine motor skills
* confidence and self-esteem

Gross and Fine Motor Skills:

* fine and gross motor skills-significant motor impairment
* poor pencil / pen control letter formation, fluency and speed, drawing skills
* use of equipment -scissors/ rulers
* self-care-dressing and undressing-laces/buttons/cutlery
* weak core strength -difficulties sitting up and sitting still
* poor hand -eye coordination
* spatial awareness

Sensory:

* significant sensory impairment
* sensitivity to sensory stimulation -certain sounds, noises, tastes

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| **Independence and Self-care**  |

Possible areas of difficulties experienced by the child/young person might be:

* feeding/ dressing /undressing /toileting independently
* personal organisation and skills - planning and sequencing skills
* identifying emotions and feelings
* managing transition times
* developing friendships
* following rules and routines
* knowing how to seek support and from whom for emotional well-being
* low self-esteem /confidence
* over -reliance on key adult

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| **Statutory School /Alternative Provision/ College**  |

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| **Communication and Interaction** |

Possible areas of difficulties experienced by the child/young person might be:

* attention /listening to instructions/conversation
* receptive and expressive language
* understanding and using a range of vocabulary
* expressing basic needs, thoughts and ideas
* understanding a series of instructions
* making connections
* relating and recalling ideas
* explaining, describing and justifying opinions
* social skills -interacting with peers/adults
* taking part in group discussions
* ability to reflect on and evaluate what is learnt and experienced
* subtly mimicking behaviours of peers in social situations

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| **Cognition and Learning**  |

Possible areas of difficulties experienced by the child/young person might be:

* understanding instructions and requirements of tasks
* acquiring sequencing skills
* transferring and applying skills to different situations
* understanding how they relate to their immediate surroundings
* acquisition of basic literacy and numeracy skills
* visual and auditory memory
* long -term and short -term memory
* reasoning and problem solving
* fine and gross motor skills-significant motor impairment
* personal development/social skills
* behaviour (see social, emotional, mental health section)
* dependency on technology to support communication or to control the world around them
* children who require high level of adult support and /or sensory stimulation/highly tailored curriculum

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| **Social, Emotional and Mental Health (including Behaviour)**  |

Possible areas of difficulties experienced by the child/young person might be:

* learning or communication difficulties
* lack of focus/ inattentiveness/restlessness
* identifying feelings /expressing emotional and social needs
* impulsive /unpredictable/inappropriate behaviour
* managing unstructured sessions
* poor emotional regulation
* mood swings, frustration, non-cooperation, withdrawal/ isolation, disengagement /non-attendance
* social relationships
* social skills-difficulties in making and sustaining friendships
* low self-esteem
* lack of confidence
* reluctance to accept praise
* managing change
* anxiety, attachment difficulties /trauma
* any significant family events that have impacted on behaviour- bereavement /arrival of a sibling/family breakdown

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| Sensory and Physical Needs  |

Possible areas of difficulties experienced by the child/young person might be:

Hearing:

* delay in language development and /or disordered language development
* difficulties in pronouncing some words or speech sounds
* mispronunciation of some words /sounds
* failure to respond appropriately when spoken to
* frequent observation of peers for a lead as to what to do-reliant on social/visual cues to know what to do
* giving incorrect answers to simple questions / needing information to be repeated
* working and auditory memory
* intense face/lip watching
* tendency to speak loudly and to have difficulty monitoring voice level and withdrawal
* listening fatigue resulting in disengagement, withdrawal, poor behaviour
* balance-gross motor skills
* poor self-esteem and self -image

Visual:

* missing- out on facial expressions and social cues -including making and maintaining friendships
* experiencing difficulty in distinguishing fine detail
* moving around the environment
* limited access to incidental learning through observing and mirroring actions of others
* speed of working and accessing information
* fine motor skills
* confidence and self-esteem

Gross and Fine Motor Skills

* poor pencil / pen control letter formation, fluency and speed, drawing skills
* use of equipment -scissors/ rulers
* self-care-dressing and undressing-laces/buttons/cutlery
* weak core strength -difficulties sitting up and sitting still
* poor hand -eye coordination
* spatial awareness

**Sensory**

* significant sensory impairment
* sensitivity to sensory stimulation -certain sounds, noises, tastes

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| **Independence and Self -Care**  |

Possible areas of difficulties experienced by the child/young person might be:

* feeding/ dressing /undressing /toileting independently
* personal organisation and skills - planning and sequencing skills
* identifying emotions and feelings
* time management
* developing friendships
* following rules and routines
* traveling from home to school/college
* knowing how to seek support and from whom for emotional well-being
* low self-esteem /confidence
* traveling from home to school/college
* knowing how to seek support and from whom for emotional well-being
* low self-esteem /confidence