

Barking and Dagenham

Request for

Statutory Education Health and Care Needs Assessment



Childs name	
Educational setting	

Guidance for you to consider before requesting Statutory EHC Needs Assessment

1. Does the child/young person have long term and lasting educational needs? Or if very young is the child likely to have severe or complex educational needs?
2. Is it likely that the school would need additional resources over and above core SEN funding in order for the child/young person to make at least satisfactory progress?
3. What are the family's views about the child/young person's needs?
4. What are the child/young person's views about his/her needs?
5. Does the child/young person have educational/learning needs as the predominant factor? For example not all disabled children/young people have special educational needs.
6. How are the child/young person's current needs being met within the home/setting/school? Does the child/young person currently have additional adult support to access these types of provision?
7. What is the current programme of Special Educational provision? For example, who does what, where, when and how? Complete the SEND weekly timetable of support (example provided on page 7).
8. Which professionals/agencies have been involved in developing, monitoring and reviewing progress over the past year?
9. What other adjustments are being considered at this stage?
10. Has there been a recent (6 months) multi-professional SEND review/TAF meeting to consider whether statutory assessment should be requested?
11. What is the impact of the child/young person's needs on the whole family – for example is night time regularly disrupted, is the child/young person able to access mainstream social activities such as swimming, beavers, brownies, sport without support?

EHC Needs Assessment Request

Name of child/young person			
Date of birth of child/young person		Current school year group	
If child/young person is not being taught in their correct chronological year group please give reasons			
Address			
Parents/carers names and email/telephone/address if different from above			
Who has parental responsibility for the child/young person?			
Siblings/place in family			
Language(s) spoken			
Ethnicity			
Interpreter required?		Yes	No
Language			
Name of person making request			
Role			
Contact details (email/telephone/address)			

Why is an EHC Needs Assessment thought to be necessary for this child/young person?

(Include what benefits you believe an EHC Needs Assessment will bring to the child/young person and the intended outcomes for the child/young person).

<p>Does the child / young person have a CAF or Social Care Assessment?</p> <p>Please tick ✓ and attach a copy.</p>	<p>CAF</p>	<p>Social Care Assessment</p>
<p>When was this completed?</p>		
<p>Date of last review/TAF?</p> <p>Please attach a copy.</p>		

Health Provision

<p>Does the child / young person have formal medical diagnosis/diagnoses? Please tick ✓ and attach a copy of relevant reports.</p>	<p>Yes</p>	<p>No</p>
<p>If Yes, please give details</p>		
<p>Does the child have ongoing and lasting health needs that will require specialist treatment for foreseeable future?</p>	<p>Yes</p>	<p>No</p>
<p>If Yes, please give details</p>		
<p>Are these health needs likely to impact on the child / young person current and future educational progress and attainment?</p>	<p>Yes</p>	<p>No</p>
<p>If Yes, please give details</p>		
<p>Indicate which of the following Health services the child/young person accesses now or has in the recent past. Please also indicate if Health services have been offered but</p>		

not taken up. If a referral has been made but no report received please indicate date of referral.

	Name of specialists	Tick if report attached	Date of report	Date of referral
Local Paediatrician / Consultants				
Specialist Hospital such as GOSH/Moorfields				
Child Development Team				
Speech and Language Therapy				
Occupational Therapy				
Physiotherapy				
Specialist feeding				
Children's Home Care Team				
Dietician				
CAMHS				
Audiology				
Health Visitor				
School Nurse				
Other				

Educational Provision

When completing this section, consider the child/young person's educational progress and attainment. Attach two most recent Personalised Learning Plan/Reviews. You must be able to clearly indicate the interventions that the setting/school has provided to meet the child/young person's needs. Complete the SEND weekly timetable of support or include schools own version.

Please describe in detail what interventions the setting/school has implemented to meet the child/young person's individual needs. You must include how long these interventions have been going on for and what impact these interventions has had on the child/young person.

- Interventions put in place to support child/young person
- Staff delivering these interventions-include their training and qualifications
- Time scale-when started, frequency, monitoring systems etc
- Date SEN support started within school/setting
- Impact on progress
- Cost of provision to meet child/young person's needs from school's SEN notional budget

SEND Weekly Timetable of Support (sample)

School.....

Pupil name..... **School year**.....

Please indicate what type of support the pupil is receiving across the week. Indicate where support is 1:1, small group, withdrawal from main class, or being taught in a different age group. You may use your own school version if preferred but this must be attached to the EHC Needs Request Document.

Day of week	AM Session	PM Session
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Early Years Foundation Stage

Which age/development band is the child working at currently?

Prime areas of learning	Aspects of learning	Age/stage of development (in months)
Communication and Language	<ul style="list-style-type: none"> Listening and attention 	
	<ul style="list-style-type: none"> Understanding 	
	<ul style="list-style-type: none"> Speaking 	
Physical Development	<ul style="list-style-type: none"> Moving and handling 	
	<ul style="list-style-type: none"> Health and self care 	
Personal Social Emotional Development	<ul style="list-style-type: none"> Making relationships 	
	<ul style="list-style-type: none"> Self confidence and self-awareness 	
	<ul style="list-style-type: none"> Managing feelings and behaviour 	

Provide (National Curriculum levels or P scales) now and at Key Stages in the past:

	Level now Date:	End of Key Stage 1	End of Key Stage 2	End of Key Stage 3	End of Key Stage 4
Reading					
Writing					
Maths					

Tick which of the following educational services are supporting the child / young person or their programme:

	Name	Tick if report attached	Office use
Portage			
Educational Psychologist -you must include EP assessment. If this has not been undertaken please explain why			
Inclusion Adviser Team			
S&LT Service			
Early Years Setting			
VI support/outreach			
HI support/outreach			
School			
Post 16/college			
PRU/Alternative provision			
Home Education			
Special School outreach			
ARP/NARP			

Social Care Provision

Is the child / young person known to Social Care?	Yes	No
Which Social Care Team?		
Named Social Worker?		
What is the status of the child / young person?	Looked After Child	Child in Need Child Protection
Is the child / young person known to Social Care Occupational Therapy?	Yes	No
If Yes, please give details		
Is Family Support involved with the child/young person/family?	Yes	No
If Yes, please give details		
Does the family access the Heathway Centre?	Yes	No
If Yes, please give details		
Does the child/young person attend any group, such as brownies, scouts, swimming, and youth clubs?		

Describe any social skills support / interventions currently in place and impact on child/young person?

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Make sure the following information is in either the CAF/TAF/social care assessment and that it is up to date, or complete below:

Housing	<i>(condition/type/owner/rented etc)</i>
Number of people living in the house and relationship to child	
Employment status	
Immigration status	
Family Network and Support	
Other medical/Social/Educational Needs within the family	

Is a CAF being included?	Yes	No
Have you attached any reports from other professionals, such as SALT, EP.	Yes	No
Have the child/young person's Personalised Learning Plans been attached?	Yes	No
Has the SEND weekly timetable of support been completed and attached?	Yes	No
Have TAF/ or minutes from SEN reviews been attached from the last 12 months?	Yes	No

Statement from Headteacher/Manager of school/setting endorsing request for EHC Needs Assessment.

Signed _____

Date _____

Parent/Carer

I agree to this request for Statutory EHC Needs Assessment

Signed _____

Date _____

Child/young person views and comments

Signed _____

Date _____