|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section 1 | **Child or Young Person (CYP) & Parent(s)/Carer(s) or Person(s) Details** | | | | | | | | | |
|  | | | | | | | | | | |
| **Child or Young Person Details** | | | | | | | | | | |
|  | | | | | | | | | | |
| Child’s first name |  | | | | Child's last name | |  | Also known as (if applicable) | |  |
| Date of Birth |  | | | | NC Year Group | |  | Unique Pupil Number (UPN) | |  |
| Gender |  | | | | Ethnicity | |  | Home language | |  |
| Address |  | | | | | | | | | |
| Is the pupil looked after by a local authority? | Yes |  | No |  | If YES what local authority? | |  | | | |
|  | | | | | | | | | | |
| **Parent(s)/Carer(s) or Person(s) with Parental Responsibility Details** | | | | | | | | | | |
|  | | | | | | | | | | |
| Name of Parent(s)/Carer(s) or Person(s) with Parental Responsibility |  | | | | | | | Relationship to child | |  |
| Address *(if different from above)* |  | | | | | | | | | |
| Telephone |  | | | | | Email address | | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **If the child or/ young person has other Parent(s)/Carer(s) or Person(s) with Parental Responsibility – Please fill in below.** | | | | | |
|  | | | | | |
| Name of Parent(s)/Carer(s) or Person(s) with Parental Responsibility |  | | Relationship to child | |  |
| Address *(if different from above)* |  | | | | |
| Telephone |  | Email address | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Section 2 | **Setting details and reason for request** | | |
|  | | | |
| Current setting name |  | Address |  |
| Date of admission |  | Name of SENCO |  |
| Telephone |  | Email address |  |

|  |
| --- |
| **Reason for the request** |
| *Section 9:14 of the Code of Practice states that the LA should consider whether, despite relevant and purposeful action to identify, assess and meet the needs of the child or young person they have failed to make expected progress.* |
| Please provide background and reasons for requesting an EHC needs assessment |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Section 3 | **Strengths and Needs** | | |
|  | | | |
| Please provide a description of the child / young person's strengths and needs. Include any diagnoses from professional's reports**.** | | | |
|  | | | |
| Cognition and Learning | | Primary need |  |
| Secondary need |  |
|  | | | |
| Strengths in relation to this area |  | | |
| Needs in relation to this area |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Communication and Interaction | | Primary need |  |
| Secondary need |  |
|  | | | |
| Strengths in relation to this area |  | | |
| Needs in relation to this area |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Social Emotional and Mental Health | | Primary need |  |
| Secondary need |  |
|  | | | |
| Strengths in relation to this area |  | | |
| Needs in relation to this area |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Sensory and or/ Physical | | Primary need |  |
| Secondary need |  |
|  | | | |
| Strengths in relation to this area |  | | |
| Needs in relation to this area |  | | |

|  |  |
| --- | --- |
| Section 4 | **Cognition and Learning Data - Progress/Attainment over time** |
|  | |
| Please complete the relevant section of the boxes below, either EYFS Data or provide details of the school’s assessment of the pupil’s Year R baseline, against the area of learning and development descriptors within your assessment tool. Please also provide details of the expected baseline. | |
|  | |
| Early Years Foundation Stage: EYFS Profile Scores – Reception Year | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Area of Learning & Development | Aspect | EYFS Stage at [Date]: | Area of Learning & Development | Year R baseline at [date] | Expected Year R baseline |
| Personal, Social & Emotional Development | Making Relationships |  |  |  |  |
| Self-confidence & self-awareness |  |  |  |  |
| Managing Feelings & behaviour |  |  |  |  |
| Physical Development | Moving & Handling |  |  |  |  |
| Health & self-care |  |  |  |  |
| Communication & Language | Listening & attention |  |  |  |  |
| Understanding |  |  |  |  |
| Speaking |  |  |  |  |
| Literacy | Reading |  |  |  |  |
| Writing |  |  |  |  |
| Mathematics | Numbers |  |  |  |  |
| Shape, Space & Measure |  |  |  |  |
| Understanding the World | People & Communities |  |  |  |  |
| The World |  |  |  |  |
| Technology |  |  |  |  |
| Expressive Arts & Design | Exploring & using media & materials |  |  |  |  |
| Being Imaginative |  |  |  |  |

|  |
| --- |
| Attainment and Progress Data |
|  |
| Please provide the child or young person’s attainment data. If the child is in Key Stage 2, please complete all KS1 and KS2 data. Please ensure that you provide at least 3 years of attainment data. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Year R | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | Year 11 |
| English Reading |  |  |  |  |  |  |  |  |  |  |  |  |
| English  Writing |  |  |  |  |  |  |  |  |  |  |  |  |
| Maths |  |  |  |  |  |  |  |  |  |  |  |  |
| Science |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Please include an explanation of your record of attainment so it is clear how you measure progress. It must be clear how far behind the child is, relating to the curriculum, compared to peers of the same age. Do not state ‘below age related expectation’ as this does not specify how far below the child is performing in comparison to their peers. If working below, please indicate what year group expectations the child is working at. For those working within the previous key stage please include pre-key stage standards. |
|  |

|  |  |
| --- | --- |
| Section 5 | **Implementation of the Graduated Approach** |
|  | |
| Please describe below the support that has been put in place over time to meet the child or young person’s special educational need. You need to include detail of:   * When SEN support was first initiated * How many cycles of Assess, Plan, Do, Review (APDR) there have been   You can attach your own documents which detail the APDR cycle of individual support available to the pupil and the subsequent reviews or you can use the tables below to describe your APDR cycles. These must show the child’s targets and desired outcomes and be amended in light of previous cycles of APDR. The most recent information should also show evidence of how you have drawn on more specialist expertise from outside professionals. | |

|  |  |  |  |
| --- | --- | --- | --- |
| APDR Cycle 1 | | | |
|  | | | |
| What did you do?  *This should include detail about what you are targeting and what intervention you put in place.* | For how long?  When did this begin and when did it end? | What was the impact?  How much progress did the child make compared to where they started? | What did you do next?  What worked and what did not?  Did you change targets or the intervention, and/or the frequency of intervention?  Did you seek more specialist input? |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| APDR Cycle 2 | | | |
|  | | | |
| What did you do?  *This should include detail about what you are targeting and what intervention you put in place.* | For how long?  When did this begin and when did it end? | What was the impact?  How much progress did the child make compared to where they started? | What did you do next?  What worked and what did not?  Did you change targets or the intervention, and/or the frequency of intervention?  Did you seek more specialist input? |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| APDR Cycle 3 | | | |
|  | | | |
| What did you do?  *This should include detail about what you are targeting and what intervention you put in place.* | For how long?  When did this begin and when did it end? | What was the impact?  How much progress did the child make compared to where they started? | What did you do next?  What worked and what did not?  Did you change targets or the intervention, and/or the frequency of intervention?  Did you seek more specialist input? |
|  |  |  |  |

|  |  |
| --- | --- |
| Section 6 | **Summary of Professional involvement** |
|  | |
| Please use the table below to specify all professionals that have been involved with the child or young person. Please include details of referrals made to and current interventions delivered by non-school agencies which could include Social Care, LBAT, EP, SALT,SST etc. The table below should be completed with details of the service, start/finish dates, advice/assessments, direct work with child and direct work with parent/carer. | |

*\*Add a new row for each area of need. To do this – click outside of the table row and you will see a line for typing. Press enter and a new row will appear. \**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Identified areas of need | Name of Outside Agency  *(any observations and assessments that have been undertaken)* | Nature of Involvement/  Intervention/ strategies recommended | Evidence of implementation, e.g. SEN Support Review Plan / IEP etc. | Review date (e.g. X weeks from recommendation)  Length of intervention in weeks (e.g. X weeks from recommendation)  Review date | Details of the impact of each intervention  Impact RAG and  Analysis  R = No impact  A = some, not sustaining  G = good, and sustaining |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| Section 7 | **Summary of Current Provision and Intervention** |
|  | |
| All mainstream schools, settings and colleges are provided with resources to support children/young people with additional needs, including pupils with SEN and disabilities and schools are expected to fund up to £6000 to support those with special educational needs.  Please complete the attached spreadsheet (using the link below) detailing the current provision in place to support and meet the needs of the individual child/young person. Schools can include their own documentation (scanned provision map/spreadsheet etc.) to evidence the costed provision. This must show annual costs. | |
| **If you are using the link below, please ensure that once you complete the provision map, that you save this spreadsheet and submit it with your EHCNA request.**  [Provision Map](http://schools.local-offer.org/wp-content/uploads/2022/04/WSCC-Provision-Map-April-22.xlsx) (April 2022) | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Section 8 | **Health information** | | | | | |
|  | | | | | | |
| Individual Health Care Plan | | | | | Yes, attached copy |  |
| No, not required |  |
|  | | | | | | |
| Health Need and any Diagnosis | | Date Diagnosed | Health Professional Involved/ Contact Details | Current involvement (current, discharged etc.) | | |
|  | |  |  |  | | |
|  | |  |  |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section 9 | **Social Care information** | | | |
|  | | | | |
| Social Care Involvement | | | Yes (Complete below) |  |
| No |  |
|  | | | | |
| Name of Social Worker/Family Support Worker | |  | | |

|  |  |  |
| --- | --- | --- |
| Is the child subject to a Child in Need (CiN) Plan? | Yes |  |
| No |  |

|  |  |  |
| --- | --- | --- |
| Is the child subject to a Child Protection (CP) Plan? | Yes |  |
| No |  |

|  |  |  |
| --- | --- | --- |
| Is the family involved in an Early Help Plan (EHP)? | Yes |  |
| No |  |

|  |
| --- |
| Other relevant information: (i.e. a court order is in place & detail) |
|  |

|  |  |
| --- | --- |
| Section 10 | **Parent/Carer contribution towards an Education, Health and Care Needs Assessment (ECHNA)** |
|  | |
| Parents must be included in co-producing the request for assessment and have their own views reflected throughout.  As part of considering the request for an ECNHA, the considerations panel would like to know your views. | |

|  |  |
| --- | --- |
| Your Name |  |
| Child/Young Person’s name |  |
|  | |
| Why I want an EHC needs assessment for my child/young person | |
|  | |
| Things I would like you to know about my child/young person | |
|  | |
| Anything else I would like to share about my child/young person | |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section 11 | **Requestor Declaration** | | | |
|  | | | | |
| As the person making this request you are responsible for ensuring the request is made in line with the fundamental principles of the Children and Families Act 2014 (the Act) and the Special Educational Needs and Disability Code of Practice: 0-25 years (January 2015).  *SEN Code of Practice:*  *1.4 Early Years providers, schools and colleges should also take steps to ensure that young people and parents are actively supported in contributing to needs assessments, developing and reviewing Education, Health and Care (EHC) plans*.  You are required to explain to parents that the information held within this request will be sent to the SEN Assessment Team. You must use your best endeavours to ensure they have seen what has been recorded and that they are aware that the information will be shared with other relevant professionals to enable appropriate support to be put in place to meet the child/young person’s needs.  In line with the Act it is expected that you will complete this referral with the family adopting the principles of co-production and collaboration.  The SEN Assessment Team will hold and use this information to comply with its legal obligations and in line with their Privacy Notice. You are required to make the family aware of the Privacy Notice information which can be found here on the Local Offer:  <https://westsussex.local-offer.org/information_pages/398-parents-carers-information-privacy-policy> | | | | |
| **AGREEMENT** | | | | |
| **I confirm that I have explained to the parent/carer and/or young person that the information within this request will be shared as required to enable appropriate assessment of the child/young person. It will be used to ensure suitable support is in place to meet the child/young person’s needs. I have made the family aware of the SEN Assessment Team Privacy Notice.** | | | | |
| Name and role | |  | Signature |  |
| Section 12 | **Additional documentation to support the request** | | | |

|  |  |
| --- | --- |
| Checklist (Additional documents to include those highlighted with an asterisk \* are mandatory) | Tick to confirm |
| Document recording pupil views)\* (templates available here <https://westsussex.local-offer.org/information_pages/228-settings-applying-for-an-education-health-and-care-needs-assessment-ehcna-ehcp-forms-and-paperwork> or your own template is fine) |  |
| Individual Learning Plans (most recent and 2 reviewed)\* |  |
| Attendance data\* |  |
| Examples of pupil’s work\* |  |
| Any other current reports. For example, medical reports, SALT reports, EP reports, LBAT reports. |  |
| Evidence of strategies used to action the report with details of arrangements which are beyond differentiation and are additional to and different from those normally available e.g. OT, SALT, Physio programmes |  |
| Medical Questionnaire (this is not mandatory but is of great use if the assessment is agreed so we encourage all requestors to ask the family to complete this, document here: . |  |
| Own provision map |  |

**Please remember if you have not completed Section 5 (evidence of assess, plan, do, review cycle) you must provide evidence of this in some other form.**