Background pattern

Description automatically generated

Children, Adults and Families  
Education, Schools and Inclusion, SEND Service

**SEND Panel Referral Form**

**Request for an Education, Health and Care Plan (EHCP)**(Revised June 2020)

**Section 1: Contact Details**

**Child/young person**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname: |  |  | Forename: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of birth: |  |  | Gender: | Male |  | Female |  |

|  |  |
| --- | --- |
| Home address: |  |
| Postcode: |

Is this a protected address? Yes  No

|  |  |
| --- | --- |
| School/setting: |  |

|  |  |
| --- | --- |
| Name of GP: |  |

|  |  |
| --- | --- |
| GP Practice Address: |  |

|  |  |
| --- | --- |
| NHS Number: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unique pupil no: |  |  | Language spoken at home: |  |

**Parent/carers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of parent/carer: |  |  | Name of parent/carer: |  |

|  |  |  |
| --- | --- | --- |
| Address of parent/carer: |  | Address of parent/carer: |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Telephone number: |  |  | Telephone number: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| E-mail address: |  |  | E-mail address: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship to pupil: |  |  | Relationship to pupil: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Preferred method of contact: |  |  | Preferred method of contact: |  |

|  |  |
| --- | --- |
| Is there anything which makes it difficult for parents to attend meetings? |  |

|  |  |
| --- | --- |
| Who has parental responsibility? |  |

Do the parent(s)/carer(s) have any specific communication needs? *This can be written or spoken communication, for example, English as an additional language, hearing impairment, vision impairment.*

Yes  No  If yes please specify

Is there a current Common Assessment Framework (CAF) for this child/young person? Yes  No

Date completed:       Lead Practitioner:      

**Children Act status**

Is the child/young person in the care of the Local Authority? Yes  No

If yes, what is their legal status? eg. Full Care Order/Section 20 etc

Does the parent still have parental responsibility? Yes  No

Date of the most recent PEP (Personal Education Plan), if appropriate.

Please provide the contact details of the LA’s Designated Social Worker:

|  |  |
| --- | --- |
| **Named Social Worker** | **Telephone Number** |
|  |  |

**Section 2: Information about placement**

**For schools**

Year group by age       Actual year group (if different)

*For all settings*

Number of young people in class/group

Actual and possible attendance in last 12 months Actual:       Possible:

**Previous school information** (continue a separate sheet if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of provision** (including address if outside Gateshead) | **Type of provision** (nursery, mainstream, special, ARMS, PRU, college, etc) | **Date from** | **Date to** | **Reason for leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Exclusions/managed moves**

Has the child/young person had any exclusions? Yes  No

If yes, please provide details of the type of exclusion, reason(s) and number of days/occasions.

|  |
| --- |
|  |

Has the child/young person been moved to specialist behaviour provision within the school?

Yes  No

If yes, please give details.

|  |
| --- |
|  |

Has the child/young person had a managed move?

Yes  No

If yes, please give details.

|  |
| --- |
|  |

Has there been any reduction in hours because of behavioural, social, emotional and mental health needs?

Yes  No

If yes, please provide details below.

|  |
| --- |
|  |

**Section 3: About the child/young person’s Special Educational Need (SEND)**

**Background Information**

Please provide information about the child/young person’s difficulties. This should include details of their needs, when their SEN was identified and any changes over time.

|  |
| --- |
|  |

**Strengths and Achievements**

|  |
| --- |
|  |

**What does the child/young person particularly enjoy at school?**

|  |
| --- |
|  |

**Factors which may affect the child/young person’s additional needs**

Please detail any relevant personal, medical or educational background

|  |
| --- |
|  |

**What does the child/young person avoid or dislike at school?**

|  |
| --- |
|  |

**Support in school**

Please provide details of the approaches/ interventions that have been tried both successfully and unsuccessfully. How does the child/young person prefer to be supported in school? Include all elements of the Graduated Teaching Support (interventions, resources, teaching approaches, changes to the classroom environment, teaching: pupil ratio)

|  |
| --- |
|  |

**How does the child/young person make decisions?**

Please provide details, for example, adults make all the decisions, the child/young person makes small decisions from a limited choice, the young person makes decisions about things such as what to do, what to wear, how to spend pocket money, etc.

|  |
| --- |
|  |

**Please tell us about their general health**

Does your child have any issues with their health?

Please provide details, for example, does your child have asthma, epilepsy, allergies or other health problems?

|  |
| --- |
|  |

Do they take any medications?

Yes  No

If yes, please provide details below.

|  |
| --- |
|  |

Do they have an Emergency Health Care Plan?

Yes  No

If yes, please provide details below.

|  |
| --- |
|  |

**Who are they currently seeing or waiting to see about their health problems?**

|  |  |
| --- | --- |
| **Name** | **Where do you see them?** |
| GP: |  |
| Consultant 1: |  |
| Consultant 2: |  |
| Other: |  |
|  |  |

**Child/young person’s development**

Please give details where applicable.

|  |  |
| --- | --- |
|  | **Areas of need, who is involved, and do they use any specialist equipment?** |
| Behaviour |  |
| Concentration and Attention (including Attention Deficit Hyperactivity Disorder) |  |
| Emotional Wellbeing and Mental Health |  |
| Gross and Fine Motor Skills |  |
| Physical Development/ Mobility |  |
| Self Help Skills e.g. dressing/ toileting |  |
| Social Communication Skills (including Autism Spectrum Disorder) |  |
| Speech, Language and Communication |  |

**Categories of SEN**

Please indicate the primary need with 1 and 2, 3, etc for any other needs.

|  |  |  |  |
| --- | --- | --- | --- |
| Specific Learning Difficulty (eg dyslexia) |  | Social, Emotional and Behavioural Difficulty |  |
| Moderate Learning Difficulty |  | Social & Communication including Autistic Spectrum Conditions |  |
| Severe Learning Difficulty |  | Vision Impairment |  |
| Profound & Multiple Learning Difficulty |  | Hearing Impairment |  |
| Speech, Language & Communication Needs |  | Physical Disability |  |
| Multi-Sensory Impairment |  | Medical Difficulties |  |

**Section 4: Assessment information   
 (Section 4c required for Early Years pupils)**

**a) Current Teacher Assessment**

Term in which assessment was undertaken       Year

Please give your assessment of the child/young person’s current academic ability. If working at the expected standard for their current year group/age (ARE – Age Related Expectation); above the standard (GDS – Greater Depth Standard); working towards the expected standard (WTS); if working below the standard please indicate the appropriate Pre-Key Stage Standard (1-4 for KS1 or 1-6 for KS2) or if lower P scales (1-4).

|  |  |
| --- | --- |
| **Subject** | **Current academic assessment** |
| English – Reading |  |
| English – Writing |  |
| Mathematics |  |
| Science |  |

**b) Previous Attainment and National Curriculum SATS results**

Please record any previous end of year assessments of the child/young person’s academic ability. If working at the expected standard for their current year group/age - ARE (Age Related Expectation); above the standard - GDS (Greater Depth Standard); working towards the expected standard - WTS; if working below the standard please indicate the appropriate Pre-Key Stage Standard (1-4 for KS1 or 1-6 for KS2) or if lower P scales (1-4).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year group** | **Yr1** | **Yr2 (KS1 SAT)** | **Yr3** | **Yr4** | **Yr5** | **Yr6 (KS2 SAT)** | **Yr7** | **Yr8** | **Yr9** |
| **English** | | | | | | | | | |
| Reading |  |  |  |  |  |  |  |  |  |
| Writing |  |  |  |  |  |  |  |  |  |
| **Mathematics** | | | | | | | | | |
| Overall |  |  |  |  |  |  |  |  |  |
| **Science** | | | | | | | | | |
| Overall |  |  |  |  |  |  |  |  |  |

**Examination Provision**

Please outline any special examination arrangements that are in place for examinations, including SATs. Please include use of a reader, scribe or additional time.

|  |
| --- |
|  |

**c) Early Years pupils**

Term in which assessment was undertaken       Year

Please complete the appropriate column.

|  |  |  |
| --- | --- | --- |
| **Prime Areas** | **Nursery profile score** | **Foundation Stage profile score** |
| Personal, Social and Emotional Development | | |
| Making Relationships |  |  |
| Self Confidence and Self Awareness |  |  |
| Managing Feelings and Behaviour |  |  |
| Physical Development | | |
| Moving and Handling |  |  |
| Health and Self-care |  |  |
| Communication and Language | | |
| Listening and Attention |  |  |
| Understanding |  |  |
| Speaking |  |  |

|  |  |  |
| --- | --- | --- |
| **Specific Areas** | **Nursery profile score** | **Foundation Stage profile score** |
| Literacy | | |
| Reading |  |  |
| Writing |  |  |
| Mathematics | | |
| Numbers |  |  |
| Shape, Space and Measure |  |  |
| Understanding the World | | |
| The World |  |  |
| Technology |  |  |
| Expressive Arts and Design | | |
| Exploring and Using Media and Materials |  |  |
| Being Imaginative |  |  |

Please comment on achievements or needs in the following areas:

|  |  |
| --- | --- |
| Characteristics of Effective Learning | |
| Playing and Exploring – engagement |  |
| Active Learning – motivation |  |
| Creating and Thinking Critically – thinking |  |

**Section 5: Current levels of support for child/young person**

**A costed provision map or ‘*Support for pupils with additional needs’* form with details of staffing used to support the child/young person should be completed and returned with this form.**

Please provide details of any non-staffing support that has been provided in the box below. This includes any specialist facilities, specialist equipment, interventions, changes to working practice, changes to the classroom environment, aids and resources.

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of support** | **How long has this been provided?** | **Outcomes/Impact Achieved** | **Cost to School** |
|  |  |  |  |

For schools - total (whole school) AEN funding for current academic year: £

**Section 6: Outcomes/ Aspirations**

Please tell us which outcomes/ aspirations/goals that you think the child/young person should be working towards. What will assist the young person to reach their goal?

The outcomes should be based on both the views of the child/young person and/or their parent/carer and the school’s view.

The proposed long-term outcomes/aspirations are targets that the child/young person will be expected to achieve by the end of their next transition stage. Transitions occur:

* From nursery to primary school
* At the end of each Key Stage
* Year 9 onwards focussing on Preparation for Adulthood (Paid Employment and Higher Education Goals, Independent Living, Community Inclusion, Good Health)

The proposed short-term outcomes are those that the child/young person will be expected to achieve within the next year, unless there are unforeseen circumstances that impact on progress, such as health and attendance issues.

The proposed outcomes will be discussed and updated, if necessary, at the action planning meeting. Please remember that outcomes should not be curricular targets(eg learning times tables/ writing or reading paragraphs of text) but should be written with the young person’s needs in mind (eg social communication and social skills/ boosting self esteem/ decreasing anxiety)

|  |  |
| --- | --- |
| **Proposed Outcomes** | |
| **Long term** | **Short term** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Section 7: Record of involvement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Educational Involvement** | **Contact Name** | **Date of first involvement** | **Most recent involvement** | **Information attached?** |
| Additionally, Resourced Mainstream School (ARMS) Outreach |  |  |  |  |
| Early Years (0-4) Team |  |  |  |  |
| Gateshead Psychological Service |  |  |  |  |
| Ethnic Minority and Traveller Achievement Service (EMTAS) |  |  |  |  |
| EYAIT (Early Years and Intervention Team) |  |  |  |  |
| Primary Behaviour Support Service |  |  |  |  |
| High Incidence Needs Team (HINT) |  |  |  |  |
| Low Incidence Needs Team (LINT) |  |  |  |  |
| Pupil Referral Unit (PRU) |  |  |  |  |
| Raising the Educational Achievement of Looked After Children (REALAC) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Health Involvement** | **Contact Name** | **Date of first involvement** | **Most recent involvement** | **Information attached?** |
| Children and Young People’s Service |  |  |  |  |
| Children’s Community Nursing Team |  |  |  |  |
| Occupational Therapy |  |  |  |  |
| Paediatrician |  |  |  |  |
| Physiotherapy |  |  |  |  |
| Speech and Language Therapy |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Social Care Involvement** | **Contact Name** | **Date of first involvement** | **Most recent involvement** | **Information attached?** |
| Children’s Social Care |  |  |  |  |
| Adult Social Care |  |  |  |  |
| Community Learning Disability Team |  |  |  |  |
| Targeted Family Support (Early Help) |  |  |  |  |
| Youth Justice Service |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Voluntary Organisation Involvement** | **Contact Name** | **Date of first involvement** | **Most recent involvement** | **Information attached?** |
| Voluntary Organisation  (eg Barnardo’s) |  |  |  |  |
| Other (please specify) |  |  |  |  |

**Section 8: Reason for requesting an EHC Plan**

**This section must be completed**

Please state what benefits you think an Education, Health and Care Plan would make to this child/young person.

|  |
| --- |
|  |

**Section 9: Additional Information**

Please provide any additional information that you feel would support this application.

|  |
| --- |
|  |

**Section 10: Parent/Carer/Young Person’s Statement**

|  |  |
| --- | --- |
| I/We understand that the Local Authority **must** seek information about my/our child’s additional needs from the following services in order to compile an EHC Plan even though my/our child may not be involved with these services:   * School * Educational Psychologist * Health Services * Children’s Social Care Services | |
| I/We understand that the LA may also ask for information from other professionals not included in this list if necessary. Access may be required to confidential medical records held by my/our child’s GP and/or consultant and I/we consent to this information being shared with the LA. | |
| I/We agree that I/we will make every effort to attend medical appointments that may be made for my child. | |
| I/We understand that this request may not result in an EHC Plan but that it might result in a referral to another service such as the Special Educational Needs Improvement Team or Behaviour Support Service. | |
| If the LA agrees to go ahead with this request, I/we agree to the reports that are collected for the EHC Plan being circulated to all the people who have provided information for the draft EHC Plan. | |
| I/We understand that copies of any information I/we provide could be made available to everyone involved in this assessment and to a SEN Tribunal. | |
|  | |
|  | I/We have read the statements above (or had them read to me/us) and understand and agree to this application being submitted to the SEND Panel. |

**Signature(s) of parent(s)/carer(s)**

Name       Name

Date       Date

**Section 11: Nursery/School/College’s Statement**

|  |  |
| --- | --- |
|  | The setting’s Educational Psychologist is aware of this request. |
|  | I understand this request will not be progressed if any essential documents listed below are missing/unavailable. |
|  |  |

**Signature of Head Teacher/Principal/SENCO/Nursery Manager**

Name and Position

Date

**Section 12: Checklist**

**Essential Documents**

The following documents are **essential** and the request for an EHC Plan will not be considered without them.

|  |  |
| --- | --- |
| **Document** | **Attached?** |
| Current Action/Learning Plan |  |
| Previous Action/Learning Plans with review information (at least 2 cycles) |  |
| Child/Young Person’s Views Form |  |
| Child/Young Person’s One Page Profile (templates are available at [www.sheffkids.co.uk](http://www.sheffkids.co.uk) ) |  |
| Costed Provision Map or ‘*Support for pupils with additional needs’* form |  |

**Optional Information**

Additional information should be provided if relevant:

|  |  |
| --- | --- |
| **Document** | **Attached?** |
| CAF Support Plan |  |
| Educational Psychologist assessment |  |
| SENIT assessment |  |
| Behaviour Support Service assessment |  |
| Personal Education Plan (for Looked After Children) |  |

**Please return this form via secure link to** [SENTeam@gateshead.gov.uk](mailto:SENTeam@gateshead.gov.uk)

**If you have not received an acknowledgement of this request within   
15 working days, please contact the SEND Team on 0191 433 3626.**