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Children, Adults and Families

**Education, Schools and Inclusion, SEND Service**

**A parental request for an EHCP has been made for the following child/young person:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Forename:** |  |
| **Date of birth:** |  | **Ethnicity:** |  |
| **NHS number:** |  |  | |

**Do you agree with the parent/ carer that the named child/young person requires an EHCP?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES |  |  | NO |  |

**If NO, please indicate and summarise in the box below why you feel an EHCP is not required and what has been put in place to meet identified needs. Please attach a breakdown of the current provision costs within a provision map. Send in this form and the costed provision map to** [**senteam@gateshead.gov.uk**](mailto:senteam@gateshead.gov.uk)

|  |
| --- |
|  |

**If YES please complete the SEND Referral Form in full and send it into the SEND Team with all accompanying evidence.**

* Minimum of 2 APDR (Assess, Plan, Do, Review) cycles
* Evidence of strategies implemented
* Evidence of external involvement from EP/ HINT/Primary Behaviour Support/ Education Support Services
* Provision map (Top up evidence form) detailing how the notional budget has been implemented and used to meet the child/ young person’s needs (required for all aged 5+)
* Educational progress reports/ assessment data showing attainment levels
* One Page Profile
* Child Views Form, where applicable