Background pattern

Description automatically generated

Childrens Social Care and Lifelong Learning

Education, Schools and Inclusion, SEND Team

**Needs Assessment Request Form**

**Request for an Education, Health and Care Plan (EHCP)**(Revised March 2024)

**Details of Needs Assessment Request Meeting**

|  |  |
| --- | --- |
| Date of meeting: |  |
| Name of attendees | | Designation |
|  | |  |
|  | |  |
|  | |  |
|  | |  |

**Section 1: Contact Details**

**Child/Young Person Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname: |  |  | Forename(s): |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Home address: |  | Telephone Number: |  |
| Postcode: | Email: |  |

Is this a protected address? Yes  No

|  |  |
| --- | --- |
| Education/Learning Setting: |  |
| UPN: |  |

|  |  |
| --- | --- |
| GP Address and Telephone Number: |  |
| NHS Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Religion: |  | Ethnicity: |  |
| Home Language: |  | Immigration status: |  |
| Refugee: | Yes  No |  | |

|  |  |
| --- | --- |
| Does the child/young person have caring responsibility? Yes  No | |
| If yes, who does the child/young person care for? |  |

|  |  |
| --- | --- |
| For young people over 16 | |
| Do they have mental capacity in relation to EHCP decision making? | Yes  No |
| If yes, does the young person want their parent/carer to support them in the EHCP decision making process? | Yes  No |
| If no, who is acting as the young person’s representative? |  |

**Child/Young Person’s Parent / Carer Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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? |  |
| Other household members |  |

Do the parent(s)/carer(s) require an interpreter or do they have any specific communication needs?

(*This may be* *difficulties with written or spoken communication, e.g. English as an additional language, hearing impairment, vision impairment.*)

Yes  No  If yes, please advise how we can support these needs:

**Social Care Involvement**

Is the child or young person known to statutory Social Care or Early Help?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Early Help | Children’s Social  Care | Transitions Team | Youth Justice | Not known   to services |

Has there previously been an assessment of the child and family?

|  |  |  |  |
| --- | --- | --- | --- |
| Early Help | Child and Family   (SW assessment) | Care Act | Other (please specify) |

Does the child or young person have a current plan?

|  |  |  |  |
| --- | --- | --- | --- |
| Early Help | CP | Short Breaks plan | Care and Support plan |
| CIN | CIOC (s17, s20 or 31) | Other (please specify) | |

Relevant Legal Orders:

|  |  |  |  |
| --- | --- | --- | --- |
| Care Order | Adoption Order | Placement Order | Child Arrangement Order |
| Supervision Order | Special Guardianship | Other (please specify) | |

Does the child receive:

|  |  |
| --- | --- |
| Section 117 funding | Childrens Continuing Care funding |

**Health Service Involvement**

Does the child/young person have a learning disability diagnosis?

Yes  No  If yes, please include this with the referral paperwork.

Anyone over the age of 14 with a learning disability can have an annual health check. Further information regarding Annual Health Checks can be found here: [NHS England » Annual health checks](https://www.england.nhs.uk/learning-disabilities/improving-health/annual-health-checks/)

**Please tell us about the child/young person’s general health**

Does the child/young person have any medical needs?

Yes  No

If yes, please complete the table for each medical need:

|  |  |  |
| --- | --- | --- |
| Medical Need | The impact this has on the education of the child/young person | Provision needed |
|  |  |  |
|  |  |  |
|  |  |  |

Does the child/young person take any medications?

Yes  No  If yes, please give details.

Does the child/young person have an Emergency Health Care Plan?

Yes  No  If yes, please include this with the referral paperwork.

**Health Provision Status**

In the following table, please provide details of any Health Services that are involved with the child/young person. For example:

* Children and Young People’s Service (CYPS)
* Children’s Community Nursing Team (0-19 Service)
* Health visitor
* Occupational Therapy
* Paediatrician
* Physiotherapy
* Speech and Language Therapy

|  |  |  |
| --- | --- | --- |
| **Service** | **Allocated Health professional:**  *(If therapist allocated, please indicate if child is on waiting list to be seen. If already being seen, indicate how often and where.)* | **Discharge Date** |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 2: Education Information and Placement Details**

**For schools only:** Year group by age       Actual year group (if different)

**For all settings:** Number of young people in class/group

Attendance in last 12 months:

**Previous setting or school information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

For children aged 7 or under, have they ever been awarded funding from the Early Years Inclusion Fund?

If yes, please give details.

|  |
| --- |
|  |

Does this child/young person receive Early Years Pupil Premium or Pupil Premium Funding?

Yes  No

If yes, please advise how this has been used and give an overview of the impact it has had.

|  |
| --- |
|  |

**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 including the dates of the reduced hours.

|  |
| --- |
|  |

**Section 3: Special Educational Needs (SEND)**

**Categories of SEND**

With input from parents/carers and all professionals involved, refer to the SEND Thresholds and add the most appropriate thresholds for the areas of needs identified. Briefly describe the impact the needs are having on a child/ young person to maintain the golden thread between need, provision and outcomes.

|  |  |
| --- | --- |
| **Area of Need** | **Threshold** |
| Cognition and Learning |  |
|  | |
| Communication and interaction needs linked to specific speech and language difficulties |  |
|  | |
| Communication and interaction needs linked to Complex Social Communication |  |
|  | |
| Sensory and/or Physical Needs |  |
|  | |
| Social, Emotional and Mental Health Needs |  |
|  | |

|  |  |
| --- | --- |
| Primary Area of Need |  |

**Describe the child/young person’s strengths, achievements, interests and aspirations.**

|  |
| --- |
|  |

**Describe how the child/young person presents in the setting or at school at different points throughout the day.**

|  |
| --- |
|  |

**Describe the child/young person’s self-care skills and independent skills.**

|  |
| --- |
|  |

**Describe the friendships, relationships and participation in the wider community for the child/young person.**

|  |
| --- |
|  |

**Describe the child/young person’s general health, mental health and wellbeing and how they manage this.**

|  |
| --- |
|  |

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

For example, are they able to make independent decisions, based on preference? Do they rely totally on an adult to make decisions for them or can they make a decision when given limited choices? These choices could be linked to what they like to do, what they like to eat, where they like to visit, how they want to spend their money or decide where to live or work.

|  |
| --- |
|  |

**Section 4: Academic Assessment**

**Current Academic Assessment Information**

Term in which assessment was undertaken       Year

Select the current levels the child or young person named above is working at.

|  |  |  |
| --- | --- | --- |
| Subject | Year Group Curriculum | Standard working at |
| English – Reading |  |  |
| English – Writing |  |  |
| Mathematics |  |  |
| Science |  |  |

|  |  |  |
| --- | --- | --- |
|  | Years | Months |
| Reading age |  |  |
| Test used |  | |

**Previous Academic Assessment Information**

Please record **all** previous end of year academic assessments of the child/young person’s academic ability.

**Early Years Foundation Stage**

For children aged 7 or under, was a good level of development (GLD) achieved by the end of the Early Years Foundation Stage (EYFS) Yes  No

For children currently accessing the Early Years Foundation Stage Curriculum, please complete the following:

Term in which assessment was undertaken       Year

|  |  |
| --- | --- |
| **Prime Areas** | **Age band / range working within** |
| Communication and Language | |
| Listening, Attention and Understanding |  |
| Speaking |  |
| Personal, Social and Emotional Development | |
| Self-regulation |  |
| Managing self |  |
| Building relationships |  |
| Physical Development | |
| Gross motor skills | Gross motor skills |
| Fine motor skills | Fine motor skills |

|  |  |
| --- | --- |
| **Specific Areas** | **Age band / range working within** |
| Literacy | |
| Comprehension |  |
| Word Reading |  |
| Writing |  |
| Mathematics | |
| Numbers |  |
| Numerical Patterns |  |
| Understanding the World | |
| Past and Present |  |
| People Culture and Communities |  |
| The Natural World |  |
| Expressive Arts and Design | |
| Creating with Materials |  |
| Being Imaginative and Expressive |  |

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**

|  |  |
| --- | --- |
| Date child/young person was added to the SEND Register |  |

External Agencies involved with the child/young person, for example:

* Additionally, Resourced Mainstream School (ARMS) Outreach
* Educational Psychology Service (EP)
* Emotionally Based School Avoidance (EBSA) Team
* Ethnic Minority and Traveller Achievement Service (EMTAS)
* High Incidence Needs Team (HINT) Specialist Support Services
* Low Incidence Needs Team (LINT) Specialist Support Services (Sensory; including visual and hearing impairment support)
* Pupil Referral Unit (PRU)
* The Virtual School

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Service | Date advice received | Details of how the advice has shaped provision including the adjustments that have been made, the strategies employed and any interventions. | Detail the intended outcomes and impact. |
|  |  |  |  |
|  |  |  |  |
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List below any additional provision that is currently in place or has been previously trialled that is not detailed in the SEND Support plans and give details of their impact.

|  |  |  |
| --- | --- | --- |
| **Provision** | **Date implemented** | **Impact** |
|  |  |  |

A costed provision map with details of staffing used to support the child/young person **must** be completed and returned with this form.

Total cost of funding to meet the special educational needs of the child/young person for current academic year: £

Any additional costs specific to this child / young person: £

**Access Arrangements**

Please outline any specific arrangements that are required to enable the child/young person to have equal access to examinations (including SATs).

For example:

* An alternative method of recording
* A scribe
* A reader
* Additional Time

|  |
| --- |
|  |

**Section 6: Outcomes / Aspirations**

Please tell us about the aspirations of the child/young person and what will assist them in achieving their goals by the end of their next transition stage.

Transitions years:

* From nursery to primary school
* At the end of each Key Stage

All outcomes should consider the views of the child/young person and their parents or carers. They should also consider the views of the school and the advice given by professionals involved in supporting the child.

Preparing children and young people for adulthood is a crucial part of this.

|  |  |  |
| --- | --- | --- |
| **Proposed Long Term Outcomes** | **Which PFA Area does this link to?** | **Provision required to meet this outcome** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 7: Involvement of any other organisations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organisation Involvement** | **Contact Name and details** | **Date of first involvement** | **Most recent involvement** | **Information attached?** |
| SENDIASS |  |  |  |  |
| Social Worker / Early Help |  |  |  |  |
| 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 understand that the Local Authority (LA) must seek information about my child’s additional needs from the following services in order to compile an EHC Plan, Needs Assessment even though my child may not be involved with these services:   * School * Educational Psychologist * Health Services * Children’s Social Care Services | |
| I 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 child’s GP and/or consultant and I consent to this information being shared with the LA. | |
| I agree that I will make every effort to attend medical appointments that may be made for my child. | |
| I 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. | |
| If the LA agrees to go ahead with this request, I 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 understand that copies of any information I provide could be made available to everyone involved in this assessment and to a SEN Tribunal.  **What are my rights?**  Your information is protected by the Data protection Act 2018 and General Data Protection Regulations (GDPR). This means that the information provided will only be used for the reasons we have stated. It will be kept safe and secure and you have the right to see what information is being kept about you. For further information please see the council’s privacy notice. | |
|  | |
|  | I 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: Early Years Provider/School/Further Education Provider’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 SEND Support Plan |  |
| Previous SEND Support Plans with review information (at least 2 cycles) |  |
| Child/Young Person Views Form |  |
| Parent/Carer 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 |  |
| Support Timetable |  |
| Signed Parental Consent Form for Information Sharing |  |

**Optional Information**

Additional information should be provided if relevant:

|  |  |
| --- | --- |
| **Document** | **Attached?** |
| CAF Support Plan |  |
| Educational Psychologist assessment |  |
| SENIT assessment |  |
| Personal Education Plan (Children in our care) |  |

**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.**