

**REQUEST FOR AN EDUCATION, HEALTH AND CARE
NEEDS ASSESSMENT**

Please read the accompanying guidance document before completing this form.

PART A: TO BE COMPLETED BY THE PERSON REQUESTING THE ASSESSMENT (YOUNG PERSON/ PARENT/ PROFESSIONAL).

NB: If you are a professional completing this form please tick box to show that you have completed information with parent/s.

1. DETAILS OF THE CHILD/ YOUNG PERSON

*Mandatory information

Child/ Young Person's Name:		DOB:	
Child/ Young Person's Preferred Name:			
Address:		NHS No:	
Looked after by Local Authority?	Yes / No	Gender:	Male / Female
School/ College/ Setting:		Year Group:	
Home Language: (inc British Sign Language)		Is an Interpreter required: Yes / No Are other adapted formats required to make paperwork accessible: Yes / No If Yes please give details:	
Ethnicity:		Religion:	
Main Presenting Special Educational Need (if known)			

2. DETAILS OF PARENTS

Full Names of Parents with Parental Responsibility (e.g. for Looked After Children: Peterborough City Council):		Full Names, addresses of Other Persons with Parental Responsibility and their relationship to child/ young person:	
Relationship to Child/ Young Person: e.g. parent, grandparent, foster carer			
Address: If different from child/ young person			
Telephone Number:		Mobile Number:	
Email Address:		Please advise how and when is best to contact:	
First Language: (inc British Sign Language)		Is an Interpreter required: Yes / No Are other adapted formats required to make paperwork accessible: Yes / No If Yes please give details:	

3. PROFESSIONAL INVOLVEMENT

Have you discussed making this application with your child/ young person's nursery, playgroup, school or college?		Yes / No / N/A		
If you answered 'no' could you please tell us why?				
If you answered 'yes' please provide their contact details:	Name	School/ Setting address:	Contact Number:	Email:

Please list any relevant professionals that have assessed or been involved with your child/ young person and their contact details where possible. Include copies of any reports to help us with our decision making.

Service	Named professional/ address (if known)	Tick if seen in the last year	Tick if report enclosed	Referral made and appointment date or 'n/a'
Advisory Teacher				
Child and Adolescent Mental Health Services (CAMHS)				
Educational Psychologist				
Health Visitor				
Medical Professional/s (e.g. GP, Paediatrician)				
Occupational Therapist				
Physiotherapist				
Social Worker				
Speech and Language Therapist				
Other				

PART B: TO BE COMPLETED BY THE YOUNG PERSON/ PARENT.

1. ALL ABOUT YOU (IF YOUNG PERSON) OR YOUR CHILD

This section is for you (if young person) or your child to tell us your story. There are some prompts below to help you provide this information but you can present it in any way that you like. You can use any medium you like (e.g. pictures rather than text). (If you require help to fill this in please contact your SEND Partnership Officer; tel 01733 863979, email pps@peterborough.gov.uk).

You (if young person) or your child's journey so far. (Please provide a brief history of you (if young person) or your child. You may wish to think about your/ their health, eating/ sleeping, developmental milestones, social skills and relationships, attitude to school, taking part in activities in and out of setting).

Continue on extra sheets if necessary

What are your (if young person) or your child's strengths and weaknesses? (For example, abilities (things you are good at or enjoy), things you find difficult or need support with).

Continue on extra sheets if necessary

Tell us about your (if young person) or your child's likes and dislikes.

Continue on extra sheets if necessary

Tell us what is important to you (if young person) or your child. (e.g. it may be important to you or your child to use a computer)

Continue on extra sheets if necessary

Tell us about what is important for you (if young person) or your child. (e.g. it may be important for your child to ensure that there is safe access to the internet)

Continue on extra sheets if necessary

Thinking of the services you or your child receive, please tell us what you feel is working and what is not working for you.

Continue on extra sheets if necessary

What are your (if young person) or your child's dreams/ aspirations and hopes or goals for the future?

Continue on extra sheets if necessary

How do you (if young person) or your child need to be supported to be heard and understood?
(e.g. what form of communication is best for your child – picture, symbols etc)

Continue on extra sheets if necessary

If you are the parent/ carer how has your child helped to put this request together?

Continue on extra sheets if necessary

What are your reasons for making this request and how do you think an Education, Health and Care needs assessment and potential plan would help you (if young person) or your child?

Continue on extra sheets if necessary

PART C: HEALTH INFORMATION PROVIDED BY PARENT/ YOUNG PERSON – Completion Is Optional.

This health information form may be completed by parent/ young person. The information will be used to assist the multi-agency panel in deciding whether to proceed to an EHC needs assessment. The panel will consider your (if young person) or the child’s health needs and may make a referral to a health professional if further information or support is thought to be helpful.

Name of person completing this section:

Relationship to child/ young person:

Diagnosis (if known):

Professional who made diagnosis:

Parent, Young Person’s and Child’s Health Concerns – to be completed by person concerned.

We want to make sure that we have a full picture of your (if young person) or your child’s/ your needs. Please tick those areas where you have a concern and use the comments box to tell us more about how this affects you/ your child. (If you have run out of space, please continue on a separate sheet). Please contact your Health professional if you would like support in completing this.

	No	Yes	Variable	Please give Details of the Impact on Everyday Life
General physical health				
Airway and breathing, including chest infections				
Pain				
Eating, drinking, swallowing, drooling				
Behaviour issues related to food – Choices/Attitude				
Acid reflux or vomiting				
Dental health				
Growth				
Weight gain/loss				

Mobility, getting around				
Hand function/writing				
Personal care (self-feeding, washing, dressing, toileting etc) Bowel and bladder e.g. wetting, constipation				
Vision (eyesight)				
Hearing				
Communication Speech or other methods (which ones)				
Understanding				
Attention and listening				
Sleep				
Behaviour, emotions and feelings Managing emotions				
Puberty issues				
Fatigue/stamina				
Equipment issues				
	Are you waiting for any further Health assessments / appointments? Please tell us what for/ who with.			

PART D: CARE INFORMATION PROVIDED BY PARENT/ YOUNG PERSON – Completion Is Optional.

This part of the form is optional and for those young person(s)/ parent(s) who feel they may benefit from receiving extra help in supporting everyday life for you (if young person) or their child.

By completing the following questions children’s social care can look at how we may be able to offer assistance through services such as our short break local offer, or for children and families with very complex needs, perhaps supporting you with the care of you (if young person) or your child at home.

Any outcomes linked to improving education, health or care can contribute towards an Education, Health and Care plan (EHCP). If you do not have an EHC plan support will still be offered if you meet service eligibility criteria.

The questions below should be read in context of your (if young person) / your child’s age and for very young children; consider if there is anything you are required to do that is over and above what could be reasonably expected of a parent with a child of the same age.

A description is required for each question but if helpful you can bullet point your answers.

Child / Young Person’s Name:

Date of Birth:

Address:

Contact Details:

Do you (if young person) or does your child have a disability or other difficulty?

Yes / No - If yes please describe

Do you (if young person) or does your child have behaviours that challenge, including any specific emotional or behavioural issues?

Yes / No - If yes please describe

Personal Care: Do you (if young person)/ does your child need lots of help with personal care for example bathing, dressing, toileting, which you may need some support with?

(Are there any particular difficulties such as mobility, health or behaviour to consider when undertaking personal care?)

Yes / No - If yes please describe

Social Development: Do you (if young person)/ does your child need help accessing activities or joining in friendships in a safe and meaningful way?

(Is 1:1 support or lots of supervision required to remain safe or take place?)

Yes / No - If yes please describe

Family Time: Do you feel that time together is shared equally with other members of your immediate family?

(Are there other children in the family who may miss out on parental time or activities?)

Yes / No - If yes please describe

Parent/s' Needs: Is there anything that you feel would support you as a parent in managing your child/ren?

(Are there any personal health issues, disabilities or other caring responsibilities?)

Yes / No - If yes please describe

Support Networks: Do you have family/ friends/ other forms of support who offer you help with your parenting role?

(Is there anyone who you can go to for regular and ongoing support at home or community?)

Yes / No - If yes please describe

The information provided will be shared with the relevant Social Care Team who will consider what support, if any, there may be for you (if young person) or your family. You may receive a brief telephone call from a worker in a team if some extra information is needed.

If you have any questions about short breaks or social care support and would like to talk to somebody about them please contact: Duty Line: 01733 864397; Team Manager: Victor Chitava 01733 207249.

PART E: TO BE COMPLETED BY SCHOOL, COLLEGE OR OTHER LEARNING PROVIDER

NB: Young people/ parent/s do not have to complete this section if application is being made independent of the school or educational setting.

1. YOUR DETAILS

Name of Requesting Professional:		Organisation:	
Address:			
Job Title/ Relationship to Child/ Young Person:		UPN Number:	
Telephone Number:		School/ College or other Learning Provider Number:	
Email Address: (school/college/or other Learning Provider)			
<p>We strongly recommend that requests are made alongside parent/s or young people themselves (Post 16). If this is not possible please tell us why:</p>			

2. SCHOOL/ COLLEGE/ OR OTHER LEARNING PROVIDER ATTAINMENT

For a child who is Pre-school age or in Foundation stage please complete one or both of the first two sections below.

For other pupils please provide the most recent information in Section 2. Information from an earlier Key Stage should also be provided where it might be helpful.

Please note Sections 3 – 8 should be completed for **ALL** children.

SECTION 1 – Pre-School/ Foundation Stage

Please give results from any developmental or standardised assessment.
 Griffiths Detailed Profile Schedule of Growing Skills.
 Individual Assessment of Early Learning and Development (IAELD) Other assessment tool (e.g. by
 Speech and Language Therapist).
 Please tick one above or name as appropriate:

Date of Assessment:		Completed By:	
Chronological age of child in months at time of assessment			
		EYFS Development Age Bands	
Communication and Language	Listening and Attention		
	Understanding		
	Speaking		
Physical Development	Moving and Handling		
	Health and Self-Care		
Personal Social and Emotional Development	Self-Confidence		
	Making Relationships		
	Self-Awareness		
	Managing Feelings and Behaviour		
Literacy	Reading		
	Writing		
Mathematics	Numbers		
	Shape, Space and Measures		

SECTION 2 – National Curriculum/ P Scales

Date Assessed	Key Stage	Teacher Assessment (TA) or Standard Assessment Tests (SATs) (where applicable)	Speech and Language	Reading	Writing	Maths	Science

SECTION 3 – Result of Reading, Spelling or Other Assessments

Test Used:	Date:	Result:

SECTION 4 (Key Stage 4/Post 16)			
Reading age:		Date assessed:	
Spelling age:		Date assessed:	
Qualifications working towards/gained: e.g. Entry level OCR functional skills literacy/Asdan/COPE/GCSE (include predicted or achieved grades)			
Details of work related experience/learning: e.g. vocational links with colleges/work experience placements			

SECTION 5 – Provision made from School’s Delegated Budget to Address the Child/ Young Person’s SEN	
Please attach the following:	
School’s Offer (SEN Information Report)	<input type="checkbox"/>
Provision Map	<input type="checkbox"/>
Timetable of Support	<input type="checkbox"/>

SECTION 6 – Provision made from College’s Core Programme or High Needs Student Funding (if required) to Address the Young Person’s SEND	
Please attach the following:	
College’s Local Offer	<input type="checkbox"/>
Timetable of Support	<input type="checkbox"/>
Preparing for Adulthood Transition Plan	<input type="checkbox"/>

SECTION 7 – Evidence of ‘Assess-Plan-Do-Review’ (see appended example)

Date Identified as Needing SEN Support:

Main Presenting SEN:

Please attach evidence of Assess-Plan-Do-Review cycle (see appendices)

SECTION 8 – External Professionals Involved

Name:	Agency:	Date of Involvement:	Last	Report Attached (Yes or No)
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature of person submitting request:		Date Request Submitted:	
Signature of Headteacher/manager of the person submitting this request:		Name and position:	
<i>If the requester is signing on behalf of this manager, please indicate by ticking this box</i>			

SUPPORTING EVIDENCE REQUIRED

Along with previous requested attachments, please provide information that is relevant to the statutory assessment criteria. Much of this evidence should already be available in the child/ young person's SEN support plan. Evidence should be based on current need and include information gathered during the most recent 6-12 months (*reports more than 2 years old are unlikely to be helpful*).

Please attach the following evidence and tick to indicate that it has been included:

- A concise description of the child/ young person's strengths, learning difficulties or needs, indicating what he or she can and cannot do. This should be no more than one or two paragraphs which give a summary overview of the child/ young person.
- One or two samples of the child/ young person's recent work which should be dated and annotated, including whether the work was completed aided or unaided, and an explanation of the context in which the work was undertaken.
- Relevant reports from external specialist(s) (linked with the review) which indicate the degree and complexity of difficulties.
- Any other relevant specific and objective up to date information about the child/ young person's attainments and social development, including information about the child/ young person's attendance where relevant.
- School or setting summary of record of parental involvement and the views of the child/ young person's parents where these have been made known.

All the evidence must combine to demonstrate purposeful and relevant action taken by the school/ setting(s) over a sustained period of time.

Before 20th August 2018, please return this form to:

**Statutory Assessment and Monitoring Team
3rd Floor, Bayard Place, Broadway, Peterborough PE1 1FB
Email: SENTeam@peterborough.gov.uk**

After 20th August 2018, please return this form to:

**Statutory Assessment and Monitoring Team
Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY
Email: SENTeam@peterborough.gov.uk**

PART F: TO BE COMPLETED BY THE YOUNG PERSON/ PARENT.

CONSENT FOR EDUCATION, HEALTH AND CARE PLAN NEEDS ASSESSMENT

Parent Consent for Child

I have requested that a statutory assessment of my child's special educational needs is undertaken by Peterborough City Council (PCC). I understand that in order for this to happen, PCC will need to contact my child's school/ college, health services, social care or other professionals involved with my child as necessary to complete this assessment. In the event of formal consultation being required, I understand that PCC will share the EHC Plan with my preferred educational setting. If my preference is not the catchment area setting then PCC will be required to share the EHC Plan with them as part of the formal consultation process.

I understand that all professionals involved in this assessment will obtain and share information with relevant agencies regarding my child for the purpose of the Education, Health and Care Plan needs assessment.

I understand that PCC will obtain and share information about my child for the purpose of the needs assessment, or if an EHC plan is issued, for the duration of the plan, and will retain information in line with their retention schedule.

(If you need support with this document, please contact the SEND Partnership Service by telephone on 01733 863979 or e-mail pps@peterborough.gov.uk).

Signed:

Name:

Relationship to the child:

Date:

Consent by Young Person

I have requested that a statutory assessment of my special educational needs is undertaken by Peterborough City Council (PCC). I understand that in order for this to happen, PCC will need to contact my school/ college, health services, social care or other professionals involved with myself as necessary to complete this assessment. In the event of formal consultation being required, I understand that PCC will share the EHC Plan with my preferred educational setting. If my preference is not the catchment area setting then PCC will be required to share the EHC Plan with them as part of the formal consultation process.

I understand that all professionals involved in this assessment will obtain and share information with relevant agencies regarding myself for the purpose of the Education, Health and Care Plan needs assessment.

I understand that PCC will obtain and share information about myself for the purpose of the needs assessment, or if an EHC plan is issued, for the duration of the plan, and will retain information in line with their retention schedule.

(If you need support with this document, please contact the SEND Partnership Service by telephone on 01733 863979 or e-mail pps@peterborough.gov.uk).

Signed:

Name:

Date:

This request for EHCP Needs Assessment has been made by:

Name:

Role:

e.g. young person/ parent/ head teacher/ SENCo etc

Signed:

Date:

ASSESS-PLAN-DO-REVIEW – Proforma for Schools and Colleges

APPENDIX 1

Name: _____ Date of Birth: _____ Teacher /Tutor: _____ Year group: _____

Please Circle area of need:

Communication and Interaction /Cognition & Learning/ Social, Emotional & Mental Health / Sensory and/or Physical

Assess		Plan		Do
<i>What do we know? (please include dates)</i> <ul style="list-style-type: none"> ● Achievements ● Standardised or curriculum based assessments results / assessed by whom? ● Questionnaires ● Observations 	<i>Needs / specific difficulties identified</i>	<i>SMART Target / objective (including long term outcome, short term objective and date set)</i>	<i>Planned intervention / Strategies</i>	<i>What will be done? Support when, where, by whom?</i>
		Date:		
Review				
<i>What was the impact / what can the C/YP do now / what progress has or hasn't been made?</i> <i>What will happen next to inform the next assess plan do review cycle?</i>	Date: Impact:			
Signed:	Pupil /student	Parent	Class Teacher / Tutor	

ASSESS-PLAN-DO-REVIEW – WORKED EXAMPLE

APPENDIX 2

Name: Joe Bloggs Date of Birth: 12/03/2008 Teacher /Tutor: Mrs Apple Yeargroup: 4

Please Circle area of need:

Communication and Interaction

/Cognition & Learning/ Social, Emotional & Mental Health / Sensory and/or Physical

<u>Assess</u>		<u>Plan</u>		<u>Do</u>
<i>What do we know? (please include dates)</i> <i>Achievements</i> <i>Standardised or curriculum based assessments results / assessed by whom?</i> <i>Questionnaires</i> <i>Observations</i>	<i>Needs / specific difficulties identified</i>	<i>SMART Target / objective (including long term outcome, short term objective and date set)</i>	<i>Planned intervention / Strategies</i>	<i>What will be done?</i> <i>Support when, where, by whom?</i>
<p>Joe has been seen by the Speech and Language team on 13.3.16. The report shows he has an overall score for language of 60 which converts to below 1st percentile.</p> <p>Using the BVPS assessment he scored a reading age of 4:6. (SENCo Feb 2016)</p> <p>In class, Joe is unable to keep up with his peers and requires instructions repeated and explained using visual clues.</p>	<p>Understanding Instructions.</p> <p>Expressing himself in order to explain his feelings.</p> <p>Reading</p> <p>Writing</p> <p>Social skills</p>	<p>Date: 18.04.16</p> <p>Long term target =</p> <p>To consistently follow a series of up to 3 instructions. (by end of Y5)</p> <p>Short term target (by July 2016)</p> <p>To consistently use the correct terms ‘before and after’</p>	<p>SNIP programme to improve reading and spelling of HF words.</p> <p>S&L work on ‘before and after’ using days of the week game and range of cards and tasks linked to animals and number.</p> <p>Differentiated tasks within Literacy and Numeracy – only give one instruction at a time – build up to two as term progresses.</p>	<p>Daily tasks during EMA</p> <p>Weekly assessment and follow up by SENCo</p> <p>Three times a week – led by TA. Work with a peer when appropriate.</p> <p>Teacher to make reference to Joe in planning and seek advice from SENCo and S&L team for more strategies.</p>
<u>Review</u>				
<i>What was the impact / what can the CYP do now / what progress has or hasn't been made?</i>	<p>Date: 18.7.16</p> <p>Impact: The SNIP programme has raised Joe’s confidence with reading the HF words. He enjoys the tasks and is self-motivated. His SNIP assessment shows he regularly scores between 4 and 5 words correct before the programme and then up to 8 and 9 after each task programme.</p>			

<i>What will happen next to inform the next assess plan do review cycle?</i>	<p>The S&L work on before and after has been highly effective and Joe now can use the terms ‘before and after’ confidently and with support from the S&L team Joe has moved onto working onto the words ‘first, last and except.’</p> <p>Joe is still struggling within the class lessons for Literacy and Numeracy – he is not always willing to start tasks and becomes distressed. Smaller groups have been tried. SENCo to raise at SLT the possibility of teaching a smaller set including Joe to enable a nurture group to begin. Joe’s parents are very worried about him moving into Y5. A transition meeting has taken place.</p> <p>END OF YEAR DATA SHOW JOE IS WORKING AT A YEAR 3 DEVELOPING STAGE IN READING, WRITING AND MATHS.</p> <p>At the beginning of Y5, GL assessments will be used to gain a standardised score in reading, writing and maths. This assessment may then form part of the next APDR Cycle under a heading of “Cognition and Learning”</p>		
Signed:	Pupil /student	Parent	Class Teacher / Tutor

ASSESS-PLAN-DO-REVIEW – PROFORMA FOR PRE-SCHOOL SETTINGS	APPENDIX 3
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Child’s Name:

Date of meeting _____

Number of SEN Support Meeting ____

<p>Assess (Discussion)</p> <p><i>How are things going at home and nursery? Ensure you start with some positive comments. Has anything changed since the last meeting? Has the child had any appointments or feedback from professionals since the last meeting?</i></p>	<p>Plan (Priorities)</p> <p><i>What areas are the priority I.e. communication Developing social interaction Separating from Mum in the morning</i></p> <p><i>Is there anything specific parents want to be working on?</i></p>
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