Request for Education, Health and Care Needs Assessment





Child or Young Person (CYP) details

First name(s)			
Surname			
	DfE Unique P	upil Number (UPN)	
	DfE Unique L	earner Number (ULN) for pupils over 14 years o	f age
NHS number		Date of birth	
Home address			
	Postcode	Telephone	
Sex assigned at birth		Preferred pronouns	
Ethnicity		Religion	
Language/s spoken at home			
Setting name, address and UK Le	earning Provider	Reference Number (<u>UKPRN</u>)	
Setting name, address and UK Le Chronological year group:	earning Provider	Actual year group:	
Chronological year group:	ked after child?	Actual year group:	
Chronological year group: Is the child / young person a look	ked after child?	Actual year group:	
Chronological year group: Is the child / young person a look (if yes, to which local authority?) Is there any current social Care in	ked after child?	Actual year group:	s
Chronological year group: Is the child / young person a look (if yes, to which local authority?) Is there any current social Care in	ked after child?	Actual year group: YES NO	S
Chronological year group: Is the child / young person a look (if yes, to which local authority?) Is there any current social Care in	ked after child?	Actual year group: YES NO	S
Chronological year group: Is the child / young person a look (if yes, to which local authority?) Is there any current social Care in	ked after child?	Actual year group: YES NO	S
Chronological year group: Is the child / young person a look (if yes, to which local authority?) Is there any current social Care in	ked after child?	Actual year group: YES NO	S

Parent/Carer details

Who has parental responsibility and please state who has primary decision making responsibility for education decisions?
Parent / carer 1
Title First name(s)
Surname Relationship to child
Interpreter or communication support needed? YES NO
Parent / carer 1 Home address (if different from above)
Post Code
Telephone (Home) Telephone (Mobile)
Email Address
Parent / carer 2
Title First name(s)
Surname Relationship to child
Interpreter or communication support needed? YES NO
Parent / carer 1 Home address (if different from above)
Post Code
Telephone (Home) Telephone (Mobile)
Email Address

Checklist of Information to be provided with the application

Before submitting your application for an EHC needs assessment please ensure that you have included the below with your application without this information your application may not be accepted and returned to you.

No	Document Name	Included (Yes/No)	If no (Please explain why?)
		-	ase note that your application may not be ded and will be returned to you)
1	Fully completed EHC needs assessment application form		
2	Signed consent form		
3	Costed Provision Map		
4	Reviewed IEPs (2 full review cycles and current outcomes set)		
5	Timetable		
6	All About Me		
	Diagn	ostic/Medic	al Reports
7	CAMHS		
8	Hospital		
9	CDT/MDT		
	Professional Reports - (Should not be mo	ore than 6 m	onths old for 0-5's or 12 months old for 5-24)
10	Educational Psychology		
11	Speech and Language Therapy		
12	Occupational Therapy		
13	Any other relevant reports		
	Sc	ocial Care Re	eports
14	Care Plans for CIN/CP		
15	Minutes of meetings i.e. TAC, Early Help.		
16	Social Care Screening Tool (compulsory)		

Attendance details for previous 12 months

[please attach print out if applicable]

Actual attendance (over last three terms including current term):
Autumn Term Attendance % Spring Term Attendance % Summer Term Attendance %
If attendance is less than 85%, please explain the reasons why:
Date joined setting: If they have attended any other settings, please give details of the name and dates they attended.
Has the CYP ever been permanently excluded? YES NO
If yes, please provide all relevant dates, and an explanation for the reason:
Details of any fixed term suspensions

Discussions about this request for a statutory needs assessment with those with parental responsibility

Date of discussion (this must be within the last 3 months)		
Did parent/carer/young person give permission for the request to be made?	YES	NO

Presenting special educational needs

Please tick the primary area of need that the CYP is presenting with.

SEMH - social, emotional and mental health

Cognition and learning MLD - moderate learning difficulties SLD - significant learning difficulties Severe learning difficulties PMLD - profound and multiple learning difficulties Social, emotional and mental health Communication / interaction SLCN - speech, language and communication needs ASD - Autism Sensory and / or physical impairment

Pre-school / Early Years Foundation Stage outcomes

Please fill in the below section as relevant for the CYP's stage of education

Please record 3 assessment points us	ing the AE	BC key.					
Child's age on 1st assessment		ke	ey used				
Child's age on 2nd assessment		ke	ey used				
Child's age on 3rd assessment		ke	ey used				
				Age l	pands		
Development Matters (statutory guidance)		Birth-3 \	ears old		3-4 Years old	Red	ception
Birth-5 Matters (non-statutory guidance)	Range 1	_	Range 3	Range 4	Range 5	Range 6	Early learning
Please indicate your best fit judgement according to your assessment information	0-12	12-18	18- 24	24-36	36-48	48-60	goals 60-71
on this child.	months	months	months	months	months	months	months
Personal, social and emotional deve	lopment						
Managing self							
Building relationships							
Self regulation							
Physical development							
Gross Motor Skills							
Fine motor skills							
Communication and language							
Listening and attention and understanding							
Speaking							
Literacy							
Comprehension							
Word							
Writing	N/A	N/A	N/A				
Mathematics							
Number							
Numerical Patterns	N/A						
Understanding the world							
Past and Present	N/A						
People culture and communities	N/A						
The natural world							
Technology	N/A						
Expressive arts and design							
Being imaginative and expressive	N/A	N/A					
Creating with Materials	N/A						

Progress in Key Stage 1-4 and above

Please provide the child's ARE in relation to their age.

Date of assessment
Subject Area
Outcome:

Date of assessment

Date of assessment

Date of assessment

Subject Area
Outcome:

Outcome:

Outcome:

FE and post-16 providers: Baselines and progress assessments towards qualification

(Please attach if necessary.)

Assessment used:	Date:	Result:

Educational setting's perspective of the CYP's current Special Educational Needs:

(Only relevant sections need to be completed)

	Identified strengths and Special Educational Needs:
1.	Communication and interaction
••	What is working well? (Existing strengths)
	What is welling well (Existing strellights)
	What are the CYP's difficulties (including how they impact on their everyday life)
2.	Cognition and learning
	What is working well? (Existing strengths)
	What are the CYP's difficulties including how they impact on their everyday life)

3.	Soc	cial, emotional and mental health
	•	What is working well? (Existing strengths)
	•	What are the CYP's difficulties including how they impact on their everyday life)
4.	Ser	nsory and /or physical needs
	•	What is working well? (Existing strengths)
	•	What are the CYP's difficulties including how they impact on their everyday life)

The Educational Provision that has been made by the school / setting

You may wish to consult with Paragraphs 6:36 – 6:56 of the SEN Code of Practice and the Ordinarily Available Provision Document published by Enfield.

Please describe the special educational provision that has been put in place in the education setting. Please include the impact of the Assess, Plan Do and Review cycle (this should be over two terms) (For schools please see paragraphs 6.4 - 6.56 of the SEND CoP.)
Cognition and Learning
Communication and Interaction
Social Emotional and Mental Health
Physical and/or Sensory

Details of the professionals and organisations currently involved with supporting the CYP.

If the LA agrees to proceed with a statutory needs assessment, the SEN service will request statutory advice from these services/agencies, as deemed appropriate. Please discuss with Parent/Carer/Young Person to ensure you include all services, even those outside of Enfield

Name of service, full name of professional, email and telephone number.	Details of involvement	If a report is available, date written	Start of involvement if known	Most recent contact	Do parent/carers/CYP, provider and assessing professional agree this is up to date and represents current needs and provision? (yes / no)

Recommended outcomes

Please record a range of long-term outcomes that you expect the CYP to achieve over varying timescales (e.g., next Key Stage).

There is some really helpful guidance <u>here</u> about preparing for adulthood across all ages to support everybody's thinking in how we help even our youngest learners towards adulthood.

Cognition and Learning, Communication and Interaction, Social, Emotional and Mental Health and
Sensory/Physical:
Outcomes for Education and Employment:
Outcomes for Independence:
Outcomes for Friends, Relationships and Community Involvement:
Outcomes for Health and Wellbeing:
Social Care Outcomes:

Person/Persons completing this report

Name(s):	
Designation:	
Signature:	
Date:	
N. 6 1 1/	
Name of school/setting Tel:	Email:
_	ger / owner] counter signature:
[e. mana	
igned uou	ng person / parental / carer consent
igned you	ng person / parental / carer consen
Please add your signatu signature, acts as conse such as Educational Psy considers relevant. For e	re to consent to Enfield Council undertaking a statutory needs of you/r child. Your ent, and allows the Council to share and request information from other services yechologists, Health and Social Care professionals or other services the Council example, Audiology or Dietitian. Your consent allows professionals to undertake ts. This will be the case for the lifetime of the Education, Health and Care Plan if
Please add your signature signature, acts as consesuch as Educational Psyconsiders relevant. For appropriate assessment issued. If you do not consent, without your consent page 1.	are to consent to Enfield Council undertaking a statutory needs of you/r child. Your ent, and allows the Council to share and request information from other services ychologists, Health and Social Care professionals or other services the Council example, Audiology or Dietitian. Your consent allows professionals to undertake
Please add your signature signature, acts as consesuch as Educational Psyconsiders relevant. For eappropriate assessment issued. If you do not consent, without your consent plunlikely to be in a position.	are to consent to Enfield Council undertaking a statutory needs of you/r child. Your ent, and allows the Council to share and request information from other services yechologists, Health and Social Care professionals or other services the Council example, Audiology or Dietitian. Your consent allows professionals to undertake ts. This will be the case for the lifetime of the Education, Health and Care Plan if we may still initiate a Education, Health and Care statutory assessment however, rofessionals will not be able to conduct assessments and we will therefore be
Please add your signature signature, acts as consesuch as Educational Psyconsiders relevant. For eappropriate assessment issued. If you do not consent, without your consent plunlikely to be in a position.	are to consent to Enfield Council undertaking a statutory needs of you/r child. Your ent, and allows the Council to share and request information from other services yechologists, Health and Social Care professionals or other services the Council example, Audiology or Dietitian. Your consent allows professionals to undertake ts. This will be the case for the lifetime of the Education, Health and Care Plan if we may still initiate a Education, Health and Care statutory assessment however, rofessionals will not be able to conduct assessments and we will therefore be ion to consider issuing an Education, Health and Care Plan.

This form must be sent via secure email to EHCPRequests@enfield.gov.uk using egress or any other secure emailing system. Please include 'request for statutory needs assessment' in the subject heading.



