**Educational setting response for Education, Health, and Care Needs Assessment**

**Professional response for Education, Health and Care Needs Assessment**

Please check if included:

Evidence of the last 2 cycles of Asses-Plan-Do-Review (for example, target setting and review form with minutes from Person Centred Planning meetings, individual provision map, IEP, MEP, target plan - all must be dated & signed by parents) and a list of any other interventions implemented

Provision map

Supporting threshold criteria documents or supporting EY documents as applicable

Parent/carer views forms (unless these have already been submitted as part of a parent request)

Child views (from the Child’s voice tool, child views form, personal profile or similar)

Relevant health, education and social care reports from the last 12 months

**This document contains 12 parts, which must all be completed before submitting the referral**

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| 1. **Please tell us why you think the child or young person requires an EHCP. What actions need to be implemented that are above and beyond that which is usually available at SEN specialist support?** |
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| 1. **Exceptional Circumstances** |
| If you have not carried out two cycles of Assess-Plan-Do-Review (APDR) and are applying under exceptional circumstances please check the boxes which apply:  A child or young person is new to the country and has complex SEN.  A child has not had access to a pre-school or nursery provision or any specialist support, and has complex SEN.  Sudden and unexpected changes in health needs occur which lead to significant barriers to learning, e.g. brain injury, life- limiting condition, sudden onset of severe mental ill health.  Sudden and unexpected home circumstances which lead to significant barriers to learning, e.g. a change in foster placement. |

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| 1. **Biographical Information** | |
| Child/Young Person's Legal Surname:    First Name(s):    Current Year Group:    Home address of child/young person:    Post Code: | Date of Birth:    Gender Male/Female:    UPN:    NHS no.:    Ethnicity: |
| Name of parents/carers:    Address (if different from above): | Home/mobile telephone number:    Email address: |
| Is the child/young person in Public Care? | Yes/No |
| In which Local Authority is the child looked after to? | Yes/No |
| If looked after, what is the legal status? | Yes/No |
| Is the child in need? | Yes/No |
| Is there a Team Around the Family? (TAF) | Yes/No |
| Is there an Early Help Assessment? | Yes/No |
| Is there a Child Protection Order in place? | Yes/No |
| School or setting name:    Enhanced Resource Setting  **Yes/No** | Address:    Post Code: |
| Name of child/young person’s GP:    Address: | Telephone Number:    Post Code: |

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| 1. **Primary area of need and threshold criteria** |
| Primary Area of Need as defined in the Code of Practice  Communication and Interaction:  SLCN       ASD  Cognition and Learning:  SPLD       MLD       SLD       PMLD  Other (for example, Acquired brain injury)  Social, Emotional and Mental Health:    Sensory and/or physical:  HI       VI       PD      MSI |
| 1. **Please describe the child’s strengths and needs in each area:** |
| ***Communication and interaction:***  *Strengths*  *Needs* |
| ***Cognition and learning:***  *Strengths*  *Needs* |
| ***Social, emotional and mental health:***  *Strengths*  *Needs* |
| ***Physical and sensory:***  *Strengths*  *Needs* |

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| 1. **Does the child meet the threshold criteria for their primary area of need?**   Please check box and attach the relevant supporting document: |
| ***Communication & Interaction***  (please attach Communication & Interaction questionnaire)  ***Cognition & Learning*** (please attach Cognition and Learning grid)  ***Social, emotional & mental health***  (please attach SEMH questionnaire)  ***Physical & Sensory*** (please attach Physical & Sensory checklist)  **If the child or young person does not meet the threshold criteria for their primary area of need do they meet the threshold criteria for another area? Please tick and attach the relevant supporting document:**  ***Communication & Interaction*** (please attach Communication & Interaction questionnaire)  ***Cognition & Learning*** (please attach Cognition and Learning grid)  ***Social, emotional & mental health***  (please attach SEMH questionnaire)  ***Physical & Sensory*** (please attach Physical & Sensory checklist) |

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| **7. Graduated Response Process Criteria - Involvement** | | | |
| **Parental Involvement** | | | |
| Date on which initial face to face meeting held with parents / carers to discuss identification of SEND and to begin a graduated response | | Date: | |
| Dates of last 2 Person Centred Planning meetings attended by parents. Please attach target setting and review forms or similar | | Dates: | |
| **Specialist Support**  **(Please attach all relevant reports from the past 12 months – Reports with diagnosis information must also be included even if older than 12 months)** | | | |
| **Name and Professional Position** | **Date/s of report/involvement** | **Input (e.g. assessment, diagnosis, direct work)** | **Were recommendations implemented and reviewed as evidenced in Section 8 and in support plan/IEP/MEP** |
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| 1. **Graduated Response Process Criteria - Assess-Plan-Do-Review (APDR)** | | | | |
| **APDR cycles & Notional budget (Element 2 funding)**  Has the child had support following at least 2 cycles of APDR? **Yes / No**  Please attach evidence of these 2 reviews:  Have you attached a list of interventions used? **Yes / No**  Please complete the information below to tell us how the notional budget (Element 2 funding) has been used to support. This is equivalent to £6000 for school aged children and £200-300 for pre-school children accessing 30 hours funded places.  Please tell us how the notional SEN budget (Element 2 funding) was used, and the impact it has. You may include:   * Interventions delivered (what, how often, delivered by whom) * TA support (what do they do, how often) * Equipment * Commissioning professional support / input | | | | |
| **Notional Budget Cost** | **Nature, quantity and purpose of support to pupil** | **Date from and to** | **Anticipated outcomes** | **Actual impact /progress** |
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| **Is an education, health, or social care personal budget in use? i.e. For short breaks and cost** | | | | |
| **Personal Budget Cost** | **Nature, quantity and purpose of support to pupil** | **Date from**  **and to** | **Anticipated outcomes** | **Actual impact /progress** |
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| **Training/CPD tailored to meet child or young person’s primary area of need** | | | | |
| **Activity** | | **Date** | **Attended by** | **Position** |
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| 1. **Additional EHCP assessment information** | |
| Does the child or young person have additional health or social care needs? | **Yes / No**  **If yes please tell us more and attach any documents** |

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| Have you included the child’s views with this application? | **Yes / No** |
| Have you included the parent views form? | **Yes / No**  **(this is not necessary if you are completing this form in response to a parental request for EHC assessment)** |

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| 1. **Outcomes – please describe the outcomes that you would see for this child/ young person over the next Key Stage or next 3 years and how you propose that these are achieved:** | | |
|  | **Outcomes** | **How achieved will these be achieved?** |
| Communication and Interaction |  |  |
| Cognition and learning |  |  |
| Social, emotional and mental health |  |  |
| Physical and sensory |  |  |

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| 1. **Referral Information** | |
| **Referrer:** | |
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| Name of Referrer:    Position/Role:    Signature: | Agency/Service/School/Setting:    Date: |

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| 1. **Parent/Young Person’s Consent for Request for Education, Health and Care Needs Assessment.** Please ensure that this section is **FULLY** completed) |
| I am requesting that Derby City Council undertakes an Education, Health and Care Needs Assessment for my child.  I agree to Derby City Council seeking any relevant information from other professionals to help them in deciding whether it is necessary to carry out an Education, Health & Care Needs Assessment.  If an Education, Health & Care Needs Assessment is approved I agree to Derby City Council seeking further professional advice and/or assessment to help them decide whether it is necessary to issue an Education, Health and Care Plan. |
| **Parent/Carer/Guardian Signature:**  **Date:**  **Name:**  **Young person signature (where young person is over 16): Date:**  **Name:** |

Please send this form and all associated paperwork to:

[SENDadmin@derby.gov.uk](mailto:SENDadmin@derby.gov.uk)

Or by post to:

SEND Team

Derby City Council

Corporation Street

Derby, DE1 2FS

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| **Privacy Notice**  **How is your information used?**  The information that we collect will be combined with information that we already hold, or will be requesting from other professionals that may be involved with the child / young person. This will enable us to assess and understand the needs of the child / young person, assess their eligibility for support via an Education Health and Care Plan, and to either arrange support services on their, or their parent / carer's behalf, or provide information to them about services that they can access. Information may also be used to identify families with multiple and complex needs under the National Troubled Families Programme, ensure they are receiving the most appropriate services and monitor the effectiveness of these services.  **Who will your information be shared with?**  The information you provide may be shared with other departments in the Council (such as Children's Social Care, Finance, Commissioning, Admissions, Family Information Service, Education Welfare, Education Psychology, Connexions, Business Intelligence etc), along with Health colleagues, Schools or other Educational Settings, Employers and the Tribunal Service. This will enable an informed decision to be made, and a multi-agency plan to be written. Your information may also be shared with the Department for Education (DfE), Ofsted, the Ministry for Housing, Communities and Local Government (MHCLG) and the HCPC, because we have a legal and statutory duty to do so.  For further information about how your personal information will be used, please visit [www.derby.gov.uk](http://www.derby.gov.uk) where you can see a full copy of our Privacy Notice. Alternatively you can request a hard copy from the Vulnerable Learners Service by telephoning 01332 642425 or emailing [SENDadmin@derby.gov.uk](mailto:SENDadmin@derby.gov.uk) |