**Request for an Education, Health, and Care Needs Assessment for Professionals**

**Guidance Example**

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

**This request will not be processed unless the following supporting documentation is included at the time of submission:**

Please check if included:

Evidence of the last two 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 and 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?** |
| You should note any medical diagnosis/ongoing investigations –please note these accurately by referring to the description of medical needs written in the child’s medical reports. Note if the child has to have regular hospital visits, prolonged stays in hospital or long term treatment. You should also note any health/treatment programmes and ongoing reviews or investigations from involved professionals such as Occupational Therapy/Physiotherapy. (Reports and document evidence will need to be sent in with this request form)  Comment on any specialised equipment the child needs access to and any regular and long term medication that needs to be administered;    Examples might be; (child’s name) has a diagnosis of Cerebral Palsy, this means he frequently has muscle spasm; this affects his gross and fine motor positioning and functioning.    (Name) needs to take long term medication to help prevent seizures. (Name) needs specialised seating (name the equipment currently in place). Food intake has to be monitored; he is fed via Gastrostomy or Naso-gastric (NG) tube.  Describe the child’s development profile; this should show a significant difference in skill level compared to the expected typical development based on the child’s chronological age.  Comment on how the child’s difficulties present and what action needs to be taken;  Example might be;     * at the age of xxx months (Name) is functioning at less than half his expected age level in his social interaction/communication development, he is functioning at around half his chronological age in his play skills and personal/independent skills, he has a limited vocabulary, speaking single words and learnt phrases. His Gross Motor Physical skills are presenting at around xxx months and his Fine Motor Skills are at around xxx months.   Note external agencies/professionals who see the child at your setting/at home; note the frequency of their visits, their role and how they support, this might be for example; to advise on managing challenging behaviour, assessing and advising on development needs and learning, or assessing/advising on use of equipment such as oxygen, Gastrostomy/NG feeding, or to demonstrate using specialised seating, standing/walking aids.  Note the frequency of carrying out physio and occupational therapy programmes at home and the setting.  You should summarise why the child needs significant adult supervision at key times of the day. Examples might be;   * to monitor and support medical care/administer medicines, * to assist with feeding - (name) is pump fed, there is danger of aspirating,      * to assist with personal care (over and above the needs of a typically developing child of the same age) - assisting transfer to a changing bed, assisting to sit to stand from a potty or chair, providing complete changing /cleansing,      * to supervise and support with moving safely around the setting, using specialised equipment, * to support use of learning/communication aids such as; objects of reference, First/then boards, choosing boards, visual timetables, count down spots, communication switches (such as a Big Mac), * to keep himself safe; (Name) has tendency to mouth inedible items, climb, escape from open doors, has no awareness of danger.     Comment if there are safety concerns being around other children such as; negative behaviour incidents, trailing oxygen tubes/(NG) feeding tube or child has a Tracheostomy? What safety precautions do you have to put in place?  Note any significant and specific adult support or therapies needed to help the child to access activities and learning opportunities. Examples might be;     * to implement one to one Targeted activities, * to implement a behaviour management plan, * to support listening and attention development, using ‘Attention Autism’ programme, * to facilitate peer interaction and social integration, * to implement a therapy plan, including using specialised equipment through play activities, * to enable child to floor sit at group times (with adult support).   You will need to say why the support is needed, what the support consists of, why an adult needs to be available to the child and for how long each support period is for.  You should attach a Daily Timetable of Support document to evidence the support the child needs/is receiving - see template and example in the SEND Funding section on the Portal.  When noting information, always start a description of the child with a positive comment before going onto describing their needs.  An example might be;  (Name) is a happy outgoing and determined child who tries hard to achieve tasks, however he needs a differentiated curriculum to meet his specific needs, such as; short bursts of one to one adult directed teaching interspersed by child led activity.    (Name) needs time allocated into his daily timetable to practice his therapy programmes and to have supervised short periods of rest.  (Name) needs an adult to supervise him during ‘breaks away’ from the mainstream classroom when he needs solitude from the children around him or when he needs to go outside to run around to reduce energy; this will help him to then refocus on learning and be more open to adult direction. At all times (name) needs to be closely observed to ensure his safety.  If you access funding from the Early Years Inclusion Fund, state how many hours this is for and how you use it; is this for the total hours the child attends your setting?  An example might be;    The child is accessing 30 hours Early Years Inclusion Funding, this covers support for the duration of his time at nursery; this has increased over time as his needs and the necessary support has increased.   * (Name) needs significant support with the day to day activities and routines within the nursery setting. He needs an adult to guide him and involve him in less preferred activities and learning opportunities; he has limited listening and attention skills and works very much to his own agenda.      * (Name) likes to have control over what is happening; he can be resistant to adult instruction and will try to direct adult selected activities; he struggles with having adult input and this can often lead to him becoming distressed and un-cooperative. * (Name) needs close supervision at all times; he has no sense of danger. He is likely to run out of an open door, climb on inappropriate equipment around the room and mouth non edible objects; he could put himself in danger.      * (Name) needs close supervision at all times; to monitor seizure activity/oxygen levels. To ensure medical aids/equipment are securely attached and in working order. This may involve keeping a continuous recording sheet going throughout the session the child is attending.   Comment on the positive impact the intense support to date has had on his developing skills, communication and interaction. There is opportunity to describe in detail the difficulties the child has in each area of development and learning in the sections below. You might want to comment on the level of support you believe will need to continue in the future and why this is needed. |
| 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, for example brain injury, life- limiting condition, sudden onset of severe mental ill health.  Sudden and unexpected home circumstances which lead to significant barriers to learning, for example 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: |

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| Name of child/young person’s GP:    Address: | Telephone Number:    Post Code: |

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| 1. **Primary area of need and threshold criteria**   **You will find a list of acronyms and their meaning in the SENCO/Managers**  **section on the Portal.** |
| **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 |

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| 1. **Please describe the child’s strengths and needs in each area:** |
| ***Communication and interaction:***  **Strengths;** Note here the positive skills the child has achieved or is working towards.  **Example:**     * Is starting to briefly engage and focus his attention during one to one activities with a familiar adult; his engagement will sometimes extend to upwards of 1 minute. * Will respond to his name at times (state how he does this; turn of head, eye gaze, blink). * May sign or echo some words during action rhymes/repeat learnt phrases and songs from memory. He will sometimes use some single words to label favourite toys. * Will sometimes take hold of an adults hand to guide them to what he wants. * Is starting to follow some short routine instructions when they are accompanied with objects of reference and gesture.   **Needs;** Note here how much help the child needs in order to let you know what he wants, to be able to show his preferences, to communicate to others and to be able to participate in day to day interactions/activities. Describe what you have to put in place to support this to happen why this is needed and what the result is if support is not given. State if there is a medical diagnosis that contributes to their difficulty in this area.  **Example:**   * Has disordered speech, language and communication skills in line with his diagnosis of Autism.      * Has physical and mobility difficulties due to Cerebral Palsy, this impacts on his ability to communicate effectively (he is non-verbal and finds it hard to use hand gesture to communicate, he needs an adult to interpret his needs and non- verbal communication by reading his facial expressions, his eye pointing, head movement and vocal sounds). * Has a therapy treatment programme in place recommended by the Speech Therapist.      * Has difficulty with listening and carrying out instruction; he needs an adult to repeat an instruction several times for him to begin to process, understand and remember what is asked of him; he needs instruction given in simple language, keeping it short (1- 2 words) so it is easy for him to understand and follow. He also needs a 5 -10 seconds time lapse between being given a repeated instruction; this helps him to process what you have said.      * Will need adults to use visual and physical cues/demonstration to accompany their verbal instruction. Currently we are we are working on a treatment programme recommended by the Speech Therapist.      * Will need continuing adult support in the classroom and advice from the Speech Therapy service to help him to develop his attention and listening skills so he is able to maintain his focus during set tasks/activities and to help him to participate and follow out instructions in small group activities. At nursery the next step is to take him through the Attention Autism programme; this approach will also need to be implemented in school. * Struggles with making eye contact and uses minimal facial expressions.      * Needs an adult to facilitate his communication with other children.      * Will continue to need access to use a range of resources to help him develop his communication and interaction skills; this maybe through programmes such as a first/then instruction strip, a picture choose board, A Talking Switch or a Picture Exchange System (PECS); he will need an adult to teach him how to use these resources through one to one targeted programs |
| ***Cognition and learning:***  **Strengths;** Note here the positive skills the child has achieved or is working towards.  **Example:**   * Enjoys exploring the different areas of the nursery. State how he does this. * Likes any number/letters based activities; he shows exact precision when aligning objects in a row. * Likes any sensory based activities (black white pictures, sensory stimuli, toys that make noises/light up). * Is starting to show some interest in imaginative play (explain how they are doing this). * Prefers to engage in activities of his choosing. He is tolerant of other children if they play alongside him. * You might like to point out activity achievements such as pressing a button on a pop-up toy.   **Needs;** Note here how much help the child needs to be able to participate in day to day activities and learning experiences. Describe what you have to put in place to support this to happen. State if there is a medical diagnosis that contributes to their difficulty in this area.  **Example:**   * His Autism Spectrum Disorder diagnosis affects his ability to listen and engage in shared attention activities. (Explain what this might impact on – behaviour? class disruption?) What do you have to do to prevent or manage this?      * Preferred way of play is to engage in repetitive actions such as lining up objects in a set pattern and ordering objects into groups. (Does this have to be planned into his daily timetable? Is it disruptive, how is it managed).      * Finds it difficult to let you know he is enjoying or losing interest in an activity, he has limited ability to focus attention at times and to engage in shared attention activities. Adults need to be aware of the subtle changes to body or facial expression that indicate focused attention or loss of interest so they can adapt the task, or provide rest periods. * Is starting to respond to Intensive Interaction techniques used to encourage joint play and communication; adults will need to be trained in delivering this intervention and set aside time to implement it. * Requires equipment /aids/environment changes to support learning (seating arrangements will need consideration, quiet area no distraction, appropriately sized activity equipment and resources) * Needs one to one support to participate in activities - describe what and why. * Needs lots of opportunity for practicing skill acquisition through targeted one to one learning programmes. These would need to be matched to (Name) ability to absorb the information and develop the physical strength and co-ordination to achieve the task. * Will require a high level of adult support in order for him to engage with play and learning opportunities and help him to make positive steps in progress. Initially he will need access to a mixture of one to one targeted intervention and small group teaching to ensure he is able to access learning at an appropriate level. |
| ***Social, emotional and mental health:***  **Strengths;** Note here the positive skills the child has achieved or is working towards.  **Example:**   * Is becoming more tolerant of other children near him. * Is allowing adult’s to give physical support. * Is learning to enjoy time by himself and independently exploring the setting   **Needs;** Note here how much help the child needs in order to communicate and interact with others and to be able to participate safely in day to day interactions/activities. Describe what you have to put in place to support this to happen. State if there is a medical diagnosis that contributes to their difficulty in this area.  **Example:**   * Needs adult to model activities, allow time and avoid pressurising to encourage (name) to become confident to have a go; too many demands will cause (name) to shut down and become unresponsive; * Needs time to process information and to practice new activities and experiences. Targeted work will need to be planned in short bursts alternating with rest periods and a favourite activity.      * Becomes very anxious when changes occur; adult’s need to use objects of reference/pictures to clue in to routine changes and to prepare for adult led activities.      * Finds it challenging to engage with adult-led activities not of his choosing. He can find it very upsetting if an adult intervenes and tries to change an activity or complete a particular routine.      * Finds it difficult to wait his turn. He fears that people may not give things back to him when they are shared. * Tends to avoid joint play preferring own company. Adults will need to continue building on Intensive Interaction techniques; adults will need to be trained in delivering this intervention and set aside time to implement it. |
| ***Physical and sensory:***  **Strengths;** Note here the positive skills the child has achieved or is working towards.  **Example:**   * Is developing his hand-eye coordination for example to clap hands together and to grasp objects. He may need support at his elbow to be able to grasp objects (of suitable size to fit his hand). * Has good vision/hearing (how do you know this?). * Allows adult to support him to achieve success with an activity/using equipment. * Has developed confidence in using the outside environment.   **Needs;** Note here how much help the child needs in order to be able to participate in day to day activities. Describe what you have to put in place to support this to happen. State if there is a medical diagnosis that contributes to their difficulty in this area.  **Example:**     * Has vision, hearing or other sensory needs; describe - do you have to use specific resources/environment adaptations, positioning of seating; does an adult have to support his participation by instructing on a one to one basis?      * Presents with some sensory seeking behaviours, (describe how this presents - mouthing, head tapping, running round in circles) he needs close adult supervision to ensure he does not endanger himself. He is able to focus more when his sensory needs are fulfilled (how do adult’s support this need). * Needs adult to support his access to the outside environment (why? how? is equipment needed?). * Is prone to frequent seizures; adult’s will need to monitor seizure activity and be aware of Apnea at sleep time. This may involve using a monitor in the cot.      * Needs to be fed by a pump machine for Gastrostomy feeding/or NG feeding. Adults will need to be trained and competent to follow critical guidelines for suctioning secretions following feeding and at other times when necessary. * May need rest periods throughout the day/certain times, will need regular monitoring by adult at these times. * Exhibits some coordination difficulties (describe) are supportive aids required? * Has a degree of impairment in his hearing. He is hypersensitive to sound. He has grommets in his ears. Does he wear hearing aids? * He often refuses to eat at nursery; he will only have his milk bottle drink. He requires a lot of encouragement to drink/eat; he needs support with feeding and eating. He will not use a knife, fork or spoon.      * Holds his hands in a clenched position so before he can use them functionally his hands need ‘waking up’ to open, this involves an adult working through his physiotherapy exercises. * Limbs go into spasm; when this happens he has difficulty with positioning his body and being placed into specialised equipment. Adults will need to follow professional therapy treatment programmes and support him during his physiotherapy program as his body will go stiff. |

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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:  **Refer to ‘Guidance for requesting an Education Health and Care (EHC) needs assessment’ (Early Years) document found in the Education, Health and Care Needs Assessments section on the Portal. You will not have to complete the questionnaires, learning grid or checklist mentioned below for a pre-school child but you will need to provide alternative evidence – examples are given on the EHC Guidance document.** |
| ***Communication and Interaction*** (Please attach Communication and Interaction questionnaire).  ***Cognition and Learning*** (Please attach Cognition and Learning grid).  ***Social, emotional and mental health*** (Please attach SEMH questionnaire).  ***Physical and Sensory*** (Please attach Physical and 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 and Interaction*** (please attach Communication and Interaction questionnaire).  ***Cognition and Learning*** (Please attach Cognition and Learning grid).  ***Social, emotional and mental health***  (Please attach SEMH questionnaire).  ***Physical and Sensory*** (Please attach Physical and Sensory checklist). |

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| 1. **Graduated Response Process Criteria – Involvement** | |
| **Parental Involvement** | |
| **Note dates you met with parents to discuss their child’s needs. Documental evidence of these meetings will need to be submitted with this form along with copies of the child’s SEND Targets and reviews. These must be signed and dated by parents to show they have contributed.**  (Targets can include current/reviewed Speech Therapy Treatment Programmes and other professional therapy programmes which form part of the Graduated Response evidence) | |
| 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 two Person Centred Planning meetings attended by parents. Please attach target setting and review forms or similar. | Dates:  These meetings can be Target Review Meetings in place of Person Centred meetings. |

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| **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 (For example 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 and Notional budget (Element 2 funding)**  Has the child had support following at least two cycles of APDR? **Yes/No**  Please attach evidence of these two reviews: These will be the SEND Targets (and other professional programmes and reviews such as Speech and Language Therapy if applicable).  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** | **Notional Budget Cost** |
| **Only complete if child accesses 30 hours** | Submit completed Timetable of Support if accessing 30 hours  (Note here that Timetable is attached) |  |  | State how much you have spent on support from your budget |

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| **Is an education, health, or social care personal budget in use? For example, For short breaks and cost.**  **This is not relevant for pre-school aged children** | | | | |
| **Personal Budget Cost** | **Nature, quantity and purpose of support to pupil** | **Date from and to** | **Anticipated outcomes** | **Personal Budget Cost** |
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| **Training/CPD tailored to meet child or young person’s primary area of need** | | | | |
| **Activity** | | **Date** | **Attended by** | **Position** |
| **You should put here any training attend or planned for that will support the child’s needs you have described above.**  **Examples;**  Attention Autism Training.  Picture Exchange Communication. System (PEC’s).  Specialised Equipment Training.  Physiotherapy/Occupational. Therapy treatment training. | |  |  |  |

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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**  Expand on any life-long /imminent health care needs.  Comment if home/family placement changes are planned for. |
| Have you included the child’s views with this application? | **Yes/No-** include a one page profile |
| 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 three years and how you propose that these are achieved:**   **Base this on the next 12 months or at the point the child transitions into**  **school if this is sooner.** | | |
|  | **Outcomes** | **How will these be achieved?** |
|  | Refer to the ‘Assess Plan Do Review and Outcomes Example’ found in the Target Setting section on the Portal and adapt to relate to each area of need below | Note what specific resources you will need to provide/continue to use, such as; adapted equipment, learning aids such as objects of reference, pictures, Talking Switch, visual aids, professionally recommended learning programmes, changes to environment, changes to curriculum.    You should describe what the adults need to do to support successful outcomes for the child, such as;  staff training, providing support in group work, one to one supported activity sessions, close/distant supervision, using adaptive learning approaches. Say what this entails, such as; adults need to give hand over hand support to model how to handle and operate activities (be specific). |
| Communication and Interaction |  |  |
| Cognition and learning |  |  |
| Social, emotional and mental health |  |  |
| Physical and sensory |  |  |

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| 1. **Referral Information** | |
| **Referrer:** | |
| 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.** |
| **Statements of consent** |
| 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 and Care Needs Assessment.  If an Education, Health and 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). |