



REQUEST FOR A STATUTORY EDUCATION, HEALTH AND CARE ASSESSMENT

Before sending this request please ensure that **all parts of the form** below are completed and **any additional information** listed below is included. Please add additional boxes if required.

The parent(s)/carer(s) and the school/setting should then sign the form.

	Included
Family Conversation (separate form)	
Medical Questionnaire (separate form)	
Child's Views (separate form)	
Professional Reports	
Attendance, attainment and progress data	

DETAILS OF CHILD/YOUNG PERSON	
Child's/Young Person's Name:	Date of Birth:
Current Setting:	NC Year Group:

CURRENT NATIONAL CURRICULUM LEVELS OR P SCALES			
		NC Test and Date	Current Teacher Assessment
English	Reading		
	Writing		
	Speaking and Listening		
Maths			

RESULTS OF ANY RECENT STANDARDISED TESTS			
Standardised Test	Date	Percentile	Age Equivalent

Please indicate the primary area(s) of need identified: **Please prioritise (1, 2 - primary/secondary need):**

Cognition and Learning		Communication and Interaction		Social, Emotional and Mental Health		Physical/Sensory/ Medical	
Moderate learning difficulties		Speech & language difficulties		Social difficulties		Physical difficulties	
Specific learning difficulties		Autistic Spectrum Disorder		Emotional difficulties		Visual impairment	
Severe learning difficulties		Social communication difficulties		Other SEMH difficulties		Hearing impairment	
Profound & multiple learning difficulties				ADD/ADHD		Medical difficulties	

REASON FOR REQUEST

Explain the reason for requesting this EHC assessment

You should consider the following areas:

Education and learning - for life and work:

Communication and interaction:

Friendships, and relationships:

Social, emotional & mental health needs:

Independence:

Physical, sensory and health needs:

Support for the family:

Which of these services has been working with the child/young person?

	Name of Professional and contact details	Date(s) of involvement	Report included? (Y/N)
SISS CLD Team			
SISS ASD Team			
SISS SEMH Team			
Other SISS Team			
Educational Psychologist			
Community Paediatrician			
Speech and Language Therapy Service			
Paediatric Occupational Therapy Service			
Paediatric Physiotherapy Service			
Child and Adolescent Mental Health Service (CAMHS)			
Other – Please list below			

EDUCATIONAL ADVICE

- Section 1: Support provided by school/setting**
- Section 2: Additional support required**
- Section 3: Attendance, attainment and progress data**

In completing these sections, please consider each of the following areas, where appropriate, for each part:

Education and learning - for life and work: Communication and interaction: Friendships, and relationships; Behaviour and emotional needs: Independence: Physical, sensory and health needs; Support for the family

SECTION 1

WHAT SPECIFIC SUPPORT HAS THE SCHOOL/SETTING PUT IN PLACE TO MEET THE NEEDS OF THIS CHILD/YOUNG PERSON?

(NB: Schools will currently be providing this support from their delegated budget up to a cost of £6,000)

INTERVENTIONS				
What was the type of intervention?	When did this intervention take place? How long and how often was the intervention?	Was the intervention individual or in a group? (if group, what size?)	Who provided the intervention? (Class teacher, SENCO, TA,)	How did the intervention meet the child's/young person's needs? What was achieved?

SECTION 2

WHAT ADDITIONAL SUPPORT, WHICH CANNOT BE PROVIDED FROM THE SCHOOL'S/SETTING'S DELEGATED BUDGET, IS NEEDED TO OVERCOME THE BARRIERS TO LEARNING FOR THIS CHILD/YOUNG PERSON?

- Use this table to identify the short-term targets and the interventions needed to meet the child's/young person's needs. These should relate to the following areas: Education and learning - for life and work: Communication and interaction: Friendships, and relationships; Behaviour and emotional needs: Independence: Physical, sensory and health needs; Support for the family
- Include who delivers the intervention and the precise frequency of these interventions. If you will be responsible for devising and monitoring the interventions with school/setting staff but staff will be responsible for delivering the interventions on a regular basis these arrangements should be detailed.
- Your advice should include the expected duration of the intervention and dates for review. It should also identify the expected outcome of intervention and how it will be measured
- **In order for the EHC Plan to meet the requirement to be clear, accessible and helpful it is essential that any intervention is specified and quantified**

What the child/young person needs help with	What does this help look like?	Who is going to do this and when?	Outcome	By when

SECTION 3
Attendance, attainment and progress data

This information must be attached to the request

Print out from SIMS (or similar) for

- Attendance
- Tracking data
- Progress measures
- On track information
- Any other tests completed in school
- IEPs or Provision Plan for the past year
 (Targets should relate clearly to the needs of the child/young person shown in the reasons for this request and should be evaluated)

REFERRER	
Name of person submitting the request	
Signature	
Date	

PARENT/CARER CONSENT
<p>I/We give consent for the school/setting to request a Statutory Education, Health & Care Assessment of my/our son/daughter.</p> <p>I/We confirm that I/we have read and understood all of the information included in this request. I/We certify that the information, which I/we have provided, is correct.</p> <p>I/We understand that the information provided in this application will be used to ensure that the council's records are correct. It may also be shared with other agencies and service providers to ensure that your son/daughter receives an appropriate service.</p> <p>Signature of parent/carer..... Date.....</p> <p>Signature of parent/carer..... Date.....</p>