

Request for a Statutory Education, Health and Care Needs Assessment in Bath and North East Somerset for children and young people aged 0-25 years.

Requestor information

Who is making the request	
Parent/carer	<input type="checkbox"/>
Young person	<input type="checkbox"/>
Setting (pre-school, school, college)	<input type="checkbox"/>
Health provider	<input type="checkbox"/>
Social Service	<input type="checkbox"/>
Other	<input type="checkbox"/>

Requestor Name	
Main contact(s) in setting and contact details: (only complete for 'Setting'- telephone number and email address)	

Child/young person details

Name of Child/Young Person:	
Date of Birth:	
Address of Child/Young Person:	
Ethnicity:	
Unique pupil number (If known)	
National insurance number (applicable to 16+)	
Primary Language:	
Interpreter required?	
Preferred way to communicate	

British sign language used?	
Telephone number(s): (applicable to 16+)	
Email address(es): (applicable to 16+)	
Is this child or young person being detained in relevant youth accommodation? (if yes, e.g. Secure children's homes, secure training centres, young offender's institutions)	

SEN Primary need (If known, please mark X in only one)	
Autistic spectrum disorder	<input type="checkbox"/>
Speech, language, and communication needs	<input type="checkbox"/>
Social, emotional, and mental health	<input type="checkbox"/>
Moderate learning difficulty	<input type="checkbox"/>
Severe learning difficulty	<input type="checkbox"/>
Specific learning difficulty	<input type="checkbox"/>
Physical difficulty	<input type="checkbox"/>
Profound & multiple learning difficulty	<input type="checkbox"/>
Other difficulty/disability	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>
Multi-sensory impairment	<input type="checkbox"/>

SEN Secondary need (If known, please mark X in only one)	
Autistic spectrum disorder	<input type="checkbox"/>
Speech, language, and communication needs	<input type="checkbox"/>
Social, emotional, and mental health	<input type="checkbox"/>
Moderate learning difficulty	<input type="checkbox"/>
Severe learning difficulty	<input type="checkbox"/>
Specific learning difficulty	<input type="checkbox"/>
Physical difficulty	<input type="checkbox"/>
Profound & multiple learning difficulty	<input type="checkbox"/>
Other difficulty/disability	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>
Multi-sensory impairment	<input type="checkbox"/>

Child looked after details

Is this child/ young person in care?	
If yes, name of Local authority	
Name, Contact number and email of Child's/Young person's social worker:	

Child in care legal status	
Not applicable to this child	<input type="checkbox"/>
Other	<input type="checkbox"/>
Placement order	<input type="checkbox"/>
Remand to local authority	<input type="checkbox"/>
Residence order	<input type="checkbox"/>
Section 20- voluntary accommodation	<input type="checkbox"/>
Section 25- Secure order	<input type="checkbox"/>
Section 31- Interim care order	<input type="checkbox"/>
Section 38- Full care order	<input type="checkbox"/>
Special guardianship order	<input type="checkbox"/>
Supervision order	<input type="checkbox"/>

Has this child/ Young person got any social care involvement?	
If yes, please give detail	

Parent/carer details

	<u>Parent/carer 1</u>	<u>Parent/carer 2</u>	<u>Parent/carer 3</u>
Parent/Carer forename and surname:			
Relationship to child/ young person: (e.g. mother, father etc...)			
Which parent has parental responsibility:			
Address and postcode:			
Telephone number(s):			
Email address:			
Preferred language or preferred method of communication:			
Interpreter required?			
Is support required to access information?			
If yes, please provide details of the support required			

Education setting details

Name of early years setting, school, college, other	
NCY (e.g., Reception, Year 7)	
Start date of setting: (if known)	
Is the child/ young person registered or taught outside of their chronological year group?	

Is this a potential key stage transfer?	
If yes, what are the plans for September, next academic year	
Is the child receiving Early years support funding or transitions support funding?	
If yes, details of funding:	

Reason for the request

Reasons and background

In line with the Children's and Families Act 2014, the local authority must secure an EHC needs assessment for the child or young person if:

- (a) the child or young person has or may have special educational needs, and*
- (b) it may be necessary for special educational provision to be made for the child or young person in accordance with an EHC plan.*

Please provide background and reasons for requesting an EHC needs assessment

Has this child/ young person engaged in two cycles of SEN support?	
Date of the last SEN support planning meeting where a decision was made to make a request for an EHCNA:	

Emergency Request Criteria to be met:

- (a) In exceptional circumstances it may be necessary to request a statutory assessment without the evidence of actions taken by the early years setting school or college. These circumstances include:**
- (b) A child/young person, previously not know to the LA or educational setting (for example mover in from abroad or a different local authority who has been in receipt**

of a very high level of support without the requirement of an EHC plan) whose learning difficulties are so severe that they are likely to require immediate specialist support, aid or adaptations over and above that normally available through the graduated response at SEN support

(c) An unexpected/sudden and significant special educational need which occurred as a result of a medical condition or an accident.

Is this an emergency request?	
Which of the above criteria does the child/young person meet?	

Is anyone else working with the child/ young person?

<u>Service</u>	<u>Name & role</u> (If known/relevant)	<u>Email address</u>	<u>Start date and end date of involvement.</u> (if applicable)
Education psychology (EP)			
EY portage & inclusion			
Specialist autism support services (SASS)			
HOPE virtual schools for children in care			
Youth offending team (YOT)			
Habilitation			
Health- Physiotherapy			
Health- Hearing and vision team			
Health- speech and language therapy (SALT)			
Health- Community paediatrician			
Health- CAMHS			
Health- Other			

<u>Service</u>	<u>Name & role</u> (If known/relevant)	<u>Email address</u>	<u>Start date and end date of involvement.</u> (if applicable)
Social care- Children's or families in focus			
Social care- Adult's			
Social care- Occupational therapy (OT)			
Adult Social care			
Adult autism team			
PFA/P2I			
Other: Person/ Professional/ Service			

Supporting documents checklist

Checklist of documents that must be attached:	Tick to confirm included in request
Copies of the Individual Learning Plans/SEN Support Plans using the Graduated Approach - Assess, Plan, Do, Review (at least 2 cycles over a minimum of 6 months):	<input type="checkbox"/>
Copy of the most recent SEN Support Plan	<input type="checkbox"/>
Evidence of the nature, extent, and context of the SEN – please attach relevant documents (specialist reports, monitoring, and observations etc.)	<input type="checkbox"/>
Evidence of the actions already taken, using delegated resources to enable progress to be made – please attach relevant supporting documents such as timetables, provision maps, specialist advice etc.	<input type="checkbox"/>
For young people over 18, evidence that there is a need for additional time, in comparison to the majority of other of the same age who do not have SEN, to compete their education or training	<input type="checkbox"/>
Social care Report/ PEP	<input type="checkbox"/>
Other related documents	<input type="checkbox"/>

Provide details where necessary:

Please use the following checklist to ensure that:

- the request is appropriate.
- attached evidence supports all 3 criteria outlined in the guidance.
- all sections of the application are fully completed, and relevant evidence is attached so that unnecessary delays can be avoided.

Failure to provide appropriate documentation may result in the paperwork being returned and unnecessary delays.

Criteria and evidence

Criteria 1 - The severity, complexity, and long-term nature of the special educational need	Evidence	Attached Yes/No
	Please review and list the evidence provided as part of your application and its relevance to the criteria set out in the guidance. For example:	Some children may have needs in more than one area of need
Cognition and learning	E.g. Cognitive assessments, summary of teacher assessments/observations	Yes/No
Communication and interaction	E.g. Speech and Language Assessments / Reports	Yes/No
Social, Emotional and Mental Health	E.g. Thrive assessment, behaviour log, medical reports	Yes/No
Visual impairment (only if relevant)	E.g. Ophthalmological report, specialist VI teacher assessment	Yes/No
Hearing Impairment (only if relevant)	E.g. Audiological reports, specialist HI teacher assessment	Yes/No
Physical Disability (only if relevant)	E.g. Medical advice	Yes/No

Criteria 2 - Despite relevant, purposeful, evidence-based support and making reasonable adjustments, it is not possible to meet the special educational needs within existing/delegated resources	Evidence	Attached Yes/No
	Please review and list the evidence provided as part of your application and its relevance to the criteria set out in the guidance. For example:	Some children may have needs in more than one area of need
Rate of progress – this may be included in the SEN Support Plan	Evidence of progress over time	Yes/No
Analysis of the rate of progress Plan – this may be included in the SEN Support	This may include information about specific interventions that escalated progress, contextual background information, explanation of any inconsistencies in assessment results.	Yes/No

Criteria 3 - Despite relevant, purposeful, evidence-based support the child/young person is not making expected progress over time.	Evidence Please review and list the evidence provided as part of your application and its relevance to the criteria set out in the guidance. For example:	Attached Yes/No Some children may have needs in more than one area of need
Person centred planning	E.g. Evidence of child/young person and family's contribution.	Yes/No
Focus on outcomes– in the Sen Support Plan	E.g. Clear link with assessed need and support	Yes/No
Differentiated quality first teaching	E.g. Examples of how who school/class approach to learning has been differentiated	Yes/No

Application made under exceptional circumstances	<p>Provide the detail of exceptional circumstances (refer to guidance for detail).</p> <p>Please provide detail on exceptional circumstances and reasons why the usually expected cycle of assess- plan – do – review cannot be followed before the application is made under the 3 criteria set out above.</p>	Yes/No
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Please give a brief description of the child/young person's needs under the disability indicated above

Consent

EY settings/schools/colleges must ensure that the parent signing the form has parental responsibility and that they have given informed consent for the request to be made. Forms that are not signed will be returned. A 'Request for an EHC Needs Assessment form' will always be asked for, even if a parent makes the initial request.

The request should be sent in to the following address;
Statutory SEN Service
Lewis House
Manvers Street
Bath
BA1 1JG

Please do not submit the following documentation:

- Confidential information such as child Protection Plan, conference notes or any other notes without an appropriate authorisation
- Any original documents
- Information that includes names of other children

N.B. IF NOT SIGNED THIS REQUEST WILL BE RETURNED

Headteacher/Principal/Settings Leader Signature _____

Date _____

Parent/carer consent

I agree for the request for Education, Care and Health needs assessment to be submitted to Bath and North East Somerset Council

Signature _____ Date _____

Relationship to child/young person _____

I understand that if an education, health and care needs assessment is agreed, information about Child's Name will be shared with professionals involved with Child's Name to support the assessment and planning process. This will include information provided by the school or educational setting, assessment by an educational psychologist, classroom observation and report; medical assessment and health care reports, information from social care or family support services and other information and reports that are relevant to the needs of Child's Name. This includes reports written by private professionals relevant to the assessment which will be shared with the relevant NHS/Local Authority professionals.

I also give permission for Child's Name to undergo a medical examination, an educational psychologist assessment and a classroom observation as part of the statutory assessment process. Other assessments may also be required, for example S&L, OT.

Signature _____

Date _____

Relationship to child/young person _____

Young person's consent (16 and over)

Sharing information with professionals:

I understand that if an education, health, and care needs assessment is agreed, information about me may be shared with the professionals involved to support the assessment and planning process. This may include information provided by the school or educational setting, assessment by an educational psychologist, classroom observation and report; medical assessment and health care reports, information from social care or family support services and other information and reports that are relevant to my needs. This includes reports written by private professionals relevant to the assessment which will be shared with the relevant NHS/Local Authority professionals.

I agree that my information can be shared with professionals	
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Sharing information with parents and adults known to me

I agree that my information can be shared with my parents/carers and adults named in my supporting evidence	
I do not want any information shared with my parents/carers or adults known to me without my permission	

Nominating an advocate

I do not want to nominate an advocate	
I would like to nominate an adult who has parental responsibility to help me to share my views and I give my consent to information being shared with them	
I would like to nominate an adult who does not have parental responsibility to help me to share my views and I give my consent to information being shared with them	

The name of the adult is _____

Their relationship to me is _____

This section should be signed by you (the young person) and an advocate if you have appointed one. By signing this section, you are confirming that you have understood the form and that you agree with the statements next to the boxes you have ticked above.

Young person's Signature	
Date	
Young person's name (please print)	
Name of advocate (if appropriate)	
Advocate's signature (if appropriate)	
Date	

Young person's representative's consent for sharing information for a young person aged 16-25.
Please complete this only if the young person has a legally appointed representative under the Mental Capacity Act 2005.

Name of young person _____

I _____ (full name) am the legally appointed representative of the young person named above. I have been given this authority legally by (please tick the criteria which applies).

A lasting or enduring power of attorney (If the young person is aged 18 to 25)	
Being appointed by the Court of Protection	

Consent for an Education Health and Care Assessment

I agree for the request for Education, Health, and Care needs assessment to be submitted.	
I would like more information about the assessment before I decide. I understand that ticking this box may delay the start of the assessment.	
I do not agree for the request to be submitted. I understand that if I tick this box the Education, Health and Care plan will not be agreed.	
I consent to a medical assessment, an educational psychologist assessment and a classroom observation as part of the statutory assessment process if required. Other assessments may also be requested as appropriate.	
I agree to the assessments if they are necessary	
I would like more information about the assessments before I decide. I understand that ticking this box may delay the start of the assessment	

I do not agree to any assessments. I understand that if I tick this box the Education, Health and Care plan may not be agreed, and the process will be delayed	
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Signature		Date	
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GDPR Data Protection - http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Your-Council/Data-Protection-and-freedom-of-information/PN_Special_Educational_Needs_and_Disability_Service.pdf.