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**SECTION 1: Guidance**

**Professional’s Request for Education, Health and Care Needs Assessment from Educational Settings**

* Normally children / young people should only be referred for statutory assessment following a graduated approach of intervention, as advised in the SEND Code of Practice 2015 and Local Guidance; SEN Support and Education, Health and Care Plans, see [Graduated Approach to Special Educational Needs and Disabilities (SEND) | City Of Wolverhampton Council](https://www.wolverhampton.gov.uk/education-and-schools/graduated-approach-special-educational-needs-disabilities#:~:text=Graduated%20Approach%20to%20Special%20Educational%20Needs%20and%20Disabilities,that%20might%20support%20them%20in%20overcoming%20these%20barriers.)
* The form below outlines information that **must** be completed. Partially completed forms will be returned for full completion.
* Additional reports must be put in a zip file and emailed to SENSTART@wolverhampton.gov.uk

**From January 2023**

**All requests for a EHC Needs Assessment MUST be made on this form and submitted via the email to** **SENSTART@wolverhampton.gov.uk**

**SECTION 2: Consent**

**Consent**

**Parent(s)/Carer(s)/ Young Persons informed Consent for an EHC Needs Assessment Request**

**The information you provide, along with any from other professionals, will be used by the Local Authority to carry out an Education, Health and Care Needs Assessment**.

The reason for sharing this information with Education, Health and Care professionals is to ensure that the Local Authority can make an informed assessment.

|  |  |
| --- | --- |
| **This section MUST be completed by the parent(s) (including corporate parent) for a child aged 15 and under.** | **This section MUST be completed by the young person aged 16 and over, where relevant.** |
| Parent(s) consent to statutory assessment and to share information.Parent(s) Signature: | Young Persons’ consent to statutory assessment and to share information.Young person’s Signature: |
| **Full Name:**  |  | **Full Name:** |  |
| **Signature:**  |  | **Signature:** |  |
| Date:  |  | Date: |  |
| ¨ **Tick the box to confirm** **that the contents of the referral form and educational advice HAVE BEEN discussed with the child/young person OR their parent(s).**\* Add Tick box \* KPI reporting required\* Mandatory |

For further information regarding how the council will store and use data about children and young people in Families, please see:

[Privacy Notice Families FINAL 5.5.22.pdf (wolverhampton.gov.uk)](https://www.wolverhampton.gov.uk/sites/default/files/2022-08/Privacy%20Notice%20Families%20FINAL%205.5.22.pdf)

**Please note that this referral can only be submitted when CONSENT has been given and it accompanied by the appropriate evidence as set out in Appendix A: Check list**

**[ ]  I also confirm that I have the young person’s / parent’s permission to share the evidence required in Checklist A from each professional.**

**SECTION 3: Key Information**

**GUIDANCE: To establish who the professionals involved with the child are (especially those from the health and social care services) it is essential that: -**

* **A conversation takes place with the parent/young person**
* **Details are provided for each professional involved**
* **Details of any referrals made to professionals that have not yet been advanced are also provided**

***Note: It is an expectation that where necessary, referrals are made in advance of an EHCNA request as per the graduated approach*.**

**A: Details of the professional requesting this assessment (Details MUST be completed to progress this request)**

|  |  |  |
| --- | --- | --- |
| **A1** | **Name of the person making the request** |  |
| **A2** | **Professional role of the person making the request** |  |
| **A3** | **Service Area** |  |
| **A4** | **Is this request for a child /young person in care** | **YES [ ]**  | **NO [ ]**  |
| **If YES does the child attend a Wolverhampton school?** | **School name:** |
| **A5** | **Is this the first request made for the child/young person?** | **YES** **[ ]** **Date: DD/MM/YY** | **NO** **[ ]**  |
| **If less than 6 months from the date of this request, this request will not be accepted** |

**B: Details General Practitioner Involved (Details MUST be completed to progress this request)**

|  |  |  |
| --- | --- | --- |
| **B1** | **GP Surgery Name:** |  |
| **B2** | **Registered GP’s Name:** |  |
| **B3** | **GP Surgery Address:** |  |
| **B4** | **GP Surgery Telephone Number:** |  |
| **B5** | **GP Surgery E-mail** |  |

**C: Details of the child/young person for whom the request is being made:**

|  |  |  |
| --- | --- | --- |
| **C1** | **Name of Child/Young Person:**  |  |
| **C2** | **Date of Birth** |  |
| **C3** | **Ethnicity** |  |
| **C4** | **Gender** |  |
| **C5** | **Address** |  |
| **C6** | **Home Language and/or best way to communicate with the child/young person:** |  |
|  | **UPN** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C8** | **NHS number** |  |

**D: Details of Parent(s)/Guardian (s)**

|  |  |  |
| --- | --- | --- |
| **D1** | **Title** |  |
| **D2** | **Parent/Guardian Surname** |  |
| **D3** | **Forename** |  |
| **D4** | **Key Family members involved in the care of the Child/Young Person** |  |
| **D5** | **Private Email Address** |  |
| **D6** | **Telephone Number** |  |
| **D7** | **Alternative Telephone Number**  |  |
| **D8** | **Address (if different from child/young person)** |  |
| **D9** | **Home Language** |  |
| **D10** | **Is interpreter needed?** | **YES [ ]**  | **NO [ ]**  |
| **D11** | **Does the parent/guardian have a known disability that we need to be aware of?** | **YES [ ]**  | **NO [ ]**  |
| **D12** | **If YES please provide details**  |  |

|  |  |  |
| --- | --- | --- |
| **D1** | **Title** |  |
| **D2** | **Parent/Guardian Surname** |  |
| **D3** | **Forename** |  |
| **D4** | **Key Family members involved in the care of the Child/Young Person** |  |
| **D5** | **Private Email Address** |  |
| **D6** | **Telephone Number** |  |
| **D7** | **Alternative Telephone Number**  |  |
| **D8** | **Address (if different from child/young person)** |  |
| **D9** | **Home Language** |  |
| **D10** | **Is interpreter needed?** | **YES [ ]**  | **NO [ ]**  |
| **D11** | **Does the parent/guardian have a known disability that we need to be aware of?** | **YES [ ]**  | **NO [ ]**  |
| **D12** | **If YES please provide details**  |  |

**E: Details of Current Education Setting:**

|  |  |  |
| --- | --- | --- |
| **E1** | **Name of current Educational Setting:** |  |
| **E2** | **Type of Educational Setting** |  |
| **E3** | **Admission Date:** |  |
| **E4** | **Title (e.g. of Setting Manager/ Head Teacher / Principal)** |  |
| **E5** | **Name of Setting Manager/Head Teacher/Principal** |  |
| **E6** | **Address of setting, school, or provider:** |  |
| **E7** | **SENCo’s name:** |  |

**F: Previous School Information:**

|  |  |  |
| --- | --- | --- |
| **F1** | **Name of Previous Educational Setting**  |  |
| **F2** | **Type of Educational Setting** |  |
| **F3** | **Name(s) of Local Authority where previous education setting located** |  |
| **F4** | **Admission Date** |  |
| **F5** | **Leaving Date** |  |

**G: Details of Professionals Involved**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **G1 Service** | **G2 Name of professional**  | **G3- contact details (email/phone number** | **G4- Date of last visit/ assessment or intervention** | ***G5- Information included?******Yes/No*** |
| **Educational professionals** | **Special Needs Early Years Service**  |  |  |  |  |
| **Outreach** |  |  |  |  |
| **Specialist Teacher Service (Sensory or Learning)** |  |  |  |  |
| **Educational Psychology**  |  |  |  |  |
| **Inclusion Service** |  |  |  |  |
| **Virtual School** |  |  |  |  |
| **Other Education – (please specify)** |  |  |  |  |
| **Medical professionals** | **Child & Adolescent Mental Health Services (CAMHS)** |  |  |  |  |
| **Paediatrician** |  |  |  |  |
| **Speech and Language Therapy** |  |  |  |  |
| **Occupational Therapy** |  |  |  |  |
| **Physiotherapy** |  |  |  |  |
| **Audiology** |  |  |  |  |
| **School Nurse** |  |  |  |  |
| **Ophthalmology** |  |  |  |  |
| **Other Health Service (s) -****(please specify)** |  |  |  |  |
| **Social Care Professionals** | **Strengthening Families Support Worker** |  |  |  |  |
| **Social Worker** |  |  |  |  |
| **Other -****(please specify)** |  |  |  |  |
| **Other Services** | **Please specify** |  |  |  |  |

**SECTION 4: Educational Information**

**H. Attendance Information:**

Please provide information about the child/young person’s attendance at their education setting for a period of three academic years from the point at which this request is being made.

|  |
| --- |
| **Attendance information: %** |
| Current year |  | -1 year |  | -2 years |  | -3 years |  |
| Dates from and to: |  | Dates from and to: |  | Dates from and to: |  | Dates from and to: |  |
| Comments: Include factors/reasons that have affected attendance. Provide details of SPLP/modified timetable/support strategies to promote attendance if below 90%.  |
|  |

**Section I- suspensions/Exclusions**

|  |
| --- |
| **Suspensions/Exclusions Information** |
| Current year |  | -1 year |  | -2 years |  | -3 years |  |
| No of incidences, days and reasons |  | No of incidences, days and reasons |  | No of incidences, days and reasons |  | No of incidences, days and reasons |  |
| Additional Information: |
|  |

**J Information about Special Educational Needs:**

Tick the appropriate boxes below **(indicate the Primary Need by placing 1 next to the SEN):**

|  |
| --- |
| **Date first recorded as requiring SEN Support: DD/MM/YYYY** |
| **Cognition and Learning** | **Communication and Interaction** | **Social, Emotional and Mental Heath** | **Physical/ Sensory/Medical** |
| [ ]  Moderate Learning Difficulties | [ ]  Speech Language and Communication Needs | [ ]  Social | [ ]  Physical Difficulties |
| [ ]  Severe Learning Difficulties | [ ]  Autistic Spectrum Disorder | [ ]  Emotional | [ ]  Visual Impairment |
| [ ]  Profound and Multiple Learning Difficulties |  | [ ]  Mental Health | [ ]  Hearing Impairment |
| [ ]  Specific Learning Difficulties  |  |  | [ ]  Medical Needs |

1. **Please describe the child’s strengths and difficulties in the following four areas of need.**

Explain how these impact on the child/young person’s access to learning (e.g. what can they do now and what do they find difficult?).

|  |
| --- |
| **COGNITION AND LEARNING:** This covers cognitive functioning, acquisition of concepts, literacy &numeracy skills, educational attainment in other areas of the curriculum, learning style, ability to concentrate, memory, motivation, organisation & independence skills.  |
| **K1** | **Strengths:** |  |
| **K2** | **Needs:** |  |
| **K3** | **Identify the next steps for the child/young person in terms of Cognition and Learning (short-term / long-term outcomes)?** |  |
| **K4** | **What provision is required to meet the identified outcomes?** |  |
| **COMMUNICATION AND INTERACTION:** This area covers speaking & listening skills, receptive & expressive language, social use of language, non-verbal communication skills and signing.  |
| **K5** | **Strengths:** |  |
| **K6** | **Needs:** |  |
| K7 | **identify the next steps for the child/young person in terms of Communication and Interaction (short-term / long-term outcomes)?** |  |
| K8 | **What provision is required to meet the identified outcomes?** |  |

|  |
| --- |
| **Social, Emotional and Mental Health** This area covers relationships with peers and adults, play skills, social skills, behaviour, self-esteem, level of independence, ability to respond in an age appropriate manner. |
| **K9** | **Strengths:** |  |
| **K10** | **Needs:** |  |
| **K11** | **Identify the next steps for the child/young person in terms of Social, Emotional and Mental Health (short-term / long-term outcomes)?** |  |
| **K12** | **What provision is required to meet the identified outcomes?** |  |
| **SENSORY AND PHYSICAL NEEDS:** This area covers sensory needs, gross and fine motor skills, vision and hearing. |
| **K13** | **Strengths:** |  |
| **K14** | **Needs:** |  |
| **K15** | **Identify the next steps for the child/young person in terms of Sensory and Physical (short-term / long-term outcomes)?** |  |
| **K16** | **What provision is required to meet the identified outcomes?** |  |

**SECTION 5: Evidence from your Graduated Response**

1. **Please provide some information about this request; consider rates of progress, levels of support and advise what you feel is required next.**

|  |  |  |
| --- | --- | --- |
| **L1** | **Why is an EHC needs assessment being requested now?** |  |
| **L2** | **What effect has SEN support had on the child’s/young person progress and what impact was intended?** |  |

**SECTION 6: Assessment of Academic Attainment and Skills:**

1. Please select the age group of the child/young person you are requesting an assessment for

|  |  |  |
| --- | --- | --- |
| **M1** | **Select Relevant Learning Stage** | Early Years / School Age (KS1, 2, 3 and 4) / Post 16 Education |

1. **Early Years Form –**

Please provide: -

* Details **of last 3 term’s progress** (where applicable)
* Information about the school’s method of tracking progress (You must explain your setting’s tracking system as they are now all unique).
* You must show us the ‘whole scale’ and it must be clear how far behind the child is, relating to the curriculum, compared to peers of the same age.
* **Top Tip:** Do not state ‘below age related expectation’ as this does not specify how far below the child is performing in comparison to their peers.

|  |  |  |  |
| --- | --- | --- | --- |
| **Early Years Form** |  |  |  |
| **Assessment Tool Used** | **Term 1** | **Term 2**  | **Term 3** |
| **N1** | **Communication and Language** | 1. Listening
 |  |  |  |
| 1. Attention and understanding
 |  |  |  |
| 1. Speaking
 |  |  |  |
| **N2** | **Literacy** | 1. Comprehension
 |  |  |  |
| 1. Word Reading
 |  |  |  |
| 1. Writing
 |  |  |  |
| **N3** | **Mathematics** | 1. Number
 |  |  |  |
| 1. Numerical Patterns
 |  |  |  |
| **N4** | **Physical Development** | 1. Fine Motor Skills
 |  |  |  |
| 1. Gross Motor Skills
 |  |  |  |
| **N5** | **Personal, Social and Emotional Development** | 1. Understanding the world
 |  |  |  |
| 1. Expressive arts and design
 |  |  |  |

1. **School Age (KS1, 2, 3 and 4)**

Please provide: -

* Details **of last 3 term’s progress** (where applicable)
* Information about the school’s method of tracking progress (You must explain your setting’s tracking system as they are now all unique).
* You must show us the ‘whole scale’ and it must be clear how far behind the child is, relating to the curriculum, compared to peers of the same age.
* **Top Tip:** Do not state ‘below age related expectation’ as this does not specify how far below the child is performing in comparison to their peers.

|  |  |  |
| --- | --- | --- |
| **School Age (KS1, 2, 3 and 4)** |  |  |
| **Subject** | **Term 1** | **Term 2**  | **Term 3** |
| **O1** | **Phonics (if appropriate)** |  |  |  |
| **O2** | **Reading (if appropriate)** |  |  |  |
| **O3** | **Grammar, Punctuation & Spelling (if appropriate)** |  |  |  |
| **O4** | **Writing (if appropriate)** |  |  |  |
| **O5** | **English (if appropriate)** |  |  |  |
| **O6** | **Mathematics (if appropriate)** |  |  |  |
| **O7** | **Other – please specify** |  |  |  |

1. **Post 16 education**- **Please provide all qualifications gained or being studied.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Post 16 education** |  |  |  |
| **P1** | **Subject** | **Qualification level i.e. GCSE, A Level ASDAN, Entry Level, BTEC etc.** | **Grade awarded/ Predicted grade** | **Date awarded/ due to be awarded** |
| **P2** | **English** |  |  |  |
| **P3** | **Mathematics** |  |  |  |
| **P4** | **Additional Subjects**  |  |  |  |
| **P5** | **Additional Subjects**  |  |  |  |
| **P6** | **Additional Subjects**  |  |  |  |

**SECTION 7: Health Information**

1. **Detail The Child / Young Person’s Health Needs**

|  |  |  |
| --- | --- | --- |
| **Q1** | **How are health needs impacting learning? (Please include formal diagnosis and dates)*.*** |  |
| **Q2** | **Add any additional information about the support offered by any of the health services selected e.g. prescriptions for glasses, equipment etc)** |  |
| **Q3** | **Provide details of any other health needs that are NOT impacting on learning.** |  |

**SECTION 8: Social Care Information**

1. **Detail The Child / Young Person’s Social Care Needs**

|  |  |  |
| --- | --- | --- |
| **R1** | **Describe any social care needs and how these are impacting on learning.**  |  |
| **R2** | **Identify the support that the child/young person is receiving from social care or relevant services**  | **None / Children’s Services / Youth Offending Services/ Early Help / Early Years / Play Groups / Youth Clubs / Short Breaks / Direct Payments/ any other specialist services.** |
| **R3** | **Where is this support provided to the child/young person?** | **home / at an educational setting / in hospital / at a residential educational setting / Other setting** |
| **R4** | **Identify any other known social care needs that the child / young person has that are NOT related to their special educational needs (e.g. CIN, CP)** |  |

**SECTION 9: Appendix A: Check List**

1. **All of the Information MUST Be Provided. Check Each Box in the Checklist Below to Help Ensure that None are Missed**

|  |
| --- |
|  **Permission to share information MUST be sought from professionals before including their advice.** [ ]  **Please tick to confirm that permission by the authors of the reports has been sought.**  |
|  |  |
| **[ ]**  | **Signed consent Section 2 of this request** **\*\* the request will not be processed without this \*\*** |
| **[ ]**  | **GP name and address details****\*\* the request will not be processed without this \*\*** |
| **[ ]**  | **Parental views** |
| **[ ]**  | **A One Page Profile** |
| **[ ]**  | **Child views sheet** |
| **[ ]**  | **A fully Costed Provision Map** |
| **[ ]**  | **Evidence of a graduated approach through school process i.e.** SEN Support Plan/ Individual Education Plans/ Records of review of progress over the last 12 months  |
| **[ ]**  | **Evidence of a graduated approach** through SEN Support Services i.e. evidence of Outreach, SNEYS, Specialist teachers, Educational Psychology involvement i.e. Target Monitoring Evaluation Form and/or Advice |
| **[ ]**  | **Evidence of any Social Care involvement** i.e. evidence the school has considered whether an Early Help Assessment is required as part of the EHCNA – if so a copy of the minutes MUST be attached with the referral or provide information about social care status (Child in Need, Child Protection, Child Young Person in Care and shared social worker’s details) |
| **[ ]**  | **Evidence of the universal health offer being explored** and referrals to appropriate professionals as appropriate i.e. Speech and Language Therapy, Paediatrics, Occupational Therapy, including any reports or information.**An EHCNA request does not substitute a referral to health services and referrals must be in place prior to the EHCNA for advice to be received from health services.**  |
| [ ]  | Connexions Advice (for young people year 9 and above) |
| [ ]  | Evidence from Alternative Providers involved (where applicable) |