**Schools and early years setting request for an**

**education, health and care needs assessment (EHCNA)**

This request is made in accordance with section 36 of the Children and Families Act 2014

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| **Child or young person’s details** | | | | | |
| First Name: |  | | | | |
| Surname: |  | | | | |
| Additional names used: |  | | | | |
| Date of Birth: |  | | Sex: | Male / Female | |
| Preferred Pronouns: |  | | | | |
| NHS/NI number:  *(if known)* |  | | | | |
| Unique Pupil Number (UPN): |  | | **Unique Learner No.** **(ULN):**  (aged 13 or over) | |  |
| Ethnicity: |  | | Religion: | |  |
| Language(s) spoken by Child/young person: |  | | Language interpretation support needed: | |  |
| Current school/setting or situation: |  | | | | |
| Current curriculum year: |  | Educated below chronological year group? | | | Yes / No |
| Pupil Premium: | Yes / No | Is the child in receipt of the 30-hour free childcare offer? | | | Yes / No |
| Child/young person’s address: |  | | | | |
| Child/young person’s email address: |  | | | | |
| Child/young person’s telephone contact: |  | | | | |

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| **Parents’ or carers’ details** | | | | |
|  | **Parent/Carer 1** | | **Parent/Carer 2** | |
| **Name of parents or carers** |  | |  | |
| **Does parent have parental responsibility?** | Yes/No | | Yes/No | |
| **Relationship to child/young person** |  | |  | |
| **Address:** |  | |  | |
| Language(s) spoken by parent/carer: |  | Language interpretation support needed: | |  |
| **Preferred contact method** |  | |  | |
| **Other contact details:** |  | |  | |
| **Home:** |  | |  | |
| **Work:** |  | |  | |
| **Mobile:** |  | |  | |
| **Email:** |  | |  | |

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| **Social Care Details** | | |
| **Is the child or young person in public care?** | |  |
| **Which Authority has social care responsibility?** | |  |
| **Is the child or young person the subject of a child in need plan (CIN)?** | |  |
| **Is this child or young person the subject of a child protection plan (CP)?** | |  |
| **Name of social worker** | |  |
| **Social worker contact details including email address:** | |  |
| **Health Details** | | |
| **GP name** |  | |
| **GP address** |  | |
| **Health visitor name (if child under 5)** |  | |
| **Health visitor address** |  | |
| **School Nurse details** |  | |
| **Does the child or young person have a Health Plan?**  **If yes, please attach** |  | |
| **Does the child or young person have any diagnosis by a health professional?**  **If so, by whom?** |  | |
| **If yes, please provide details including what is the impact upon education?** |  | |
| **Does the child or young person have any health needs, which would impact upon their education?** |  | |

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| **Referrer’s Details** | |
| **Name of referrer** |  |
| **Position or role** |  |
| **Name of educational establishment** |  |
| **Contact address:** |  |
| **Preferred contact** |  |
| **Other contact details** | **Work:**  **Mobile:**  **Email:** |

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| **Have you involved the parent or carer and/or the young person in the decision to make this referral?** | **Yes/No** |
| **Do you have parental or carer consent for the referral?** | **Yes/No** |

**Educational Details**

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| **Children/Young Person’s Identified SEN Needs** | |
| **Has the child or young person got an SEN Support Plan?** | **Yes/No** |
| **If Yes, what date was the pupil placed on the SEN Register?** |  |
| **If No, please give reasons why:** |  |
| **Primary Need code:** | Choose an item. |
| **Has a series of SEN Support Review meetings been held and if so, how many?** | **Yes/No**  **If yes how many?** |
| **When was the last SEN Support Review meeting held?** | **Date:** |

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| **Summary of the child or young person’s strengths, skills and special educational needs** | | | | |
| **Communication and Interaction**  *Where appropriate include details on:*   * Assessment indications * Functional ability to understand * Functional ability to express needs/ideas * Social communication/interaction skills, including conversation and higher-level language skills | | | | |
| Strengths: | | | | |
| Identified SEN need | | | | Impact on learning |
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| **Cognition and Learning**  *Where appropriate include details on:*   * Literacy and numeracy skills * Visual processing * Attention and concentration and transfer of skills and knowledge. * Memory and retention of learning * Play skills, e.g. imaginative and explorative | | | | |
| Strengths: | | | | |
| Identified need | Impact on learning | | | |
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| **Social, Emotional and Mental Health**  *Where appropriate include details on:*   * Presenting behaviours * Emotional understanding/management of emotions * Anxiety levels * Social understanding * Self-esteem/confidence * Friendships | | | | |
| Strengths: | | | | |
| Identified need | | Impact on learning | | |
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| **Sensory and/or Physical Needs**  *Where appropriate include details on*   * Hearing loss * Vision loss * Multi-sensory impairment * Sensory processing difficulties * Fine and gross motor skills * Physical difficulties | | | | |
| Strengths: | | | | |
| Identified need | | | Impact on learning | |
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| **Independence and self-care skills**  *Where appropriate include details on*   * Toileting, diet and feeding * Dressing * Sleep * Safety awareness | |
| Strengths: | |
| Identified need | Impact on learning |
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**Preparing for Adulthood**

***(Please complete for young people Year 9 and above)***

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| **Education and Employment**  *Where appropriate include details on*   * Skills development * Vocational profiles * Work experience * Purposeful activities * Volunteering | |
| Strengths: | |
| Identified need | Impact on learning |
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| **Independent Living**  *Where appropriate include details on*   * Understanding different types of living arrangements * Socialising unsupervised * Making own food and being healthy * Money and budgeting * Transport and accessing independent travel | |
| Strengths: | |
| Identified need | Impact on learning |
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| **Friends, Relationships and Community Inclusion**  *Where appropriate include details on*   * Developing and maintaining friendship groups * Leisure activities * Family relationships * Managing own time effectively * Knowing where to go for help and how to use emergency services | |
| Strengths: | |
| Identified need | Impact on learning |
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| **Good Health**  *Where appropriate include details on*   * Annual Health Check * Managing own time and sleep * Managing health appointments * Understanding mental health and well-being * Access to sex education | |
| Strengths: | |
| Identified need | Impact on learning |
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**Educational Attendance**

Previous educational settings attended:

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| **Name of setting or school** | **Dates attended** |
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Please provide details of any factors which impact on attendance e.g, medical appointments, proximity of early years setting or school, etc.

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**Attendance data from this school or previous schools attended:**

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| --- | --- | --- | --- | --- | --- |
| Name of Educational Setting(s) | Period (Dates) | Actual Attendance  (No. of Sessions) | Possible Attendance  (No. of Sessions) | Percentage Attended | Absence Reason |
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Details of any exclusions:

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| **Date of exclusion** | **No. of days** | **Reason for exclusion** |
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**Educational Achievement Early Years**

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| **Please record using your school system for attainment** | | | | | | | |
| **Age**  **Date** | **PSED** | | | **Physical**  **Development** | | **Communication and Language** | |
| **Self Regulation** | **Managing**  **self** | **Building**  **Relationships** | **Gross**  **Motor Skills** | **Fine Motor Skills** | **Listening, Attention and Understanding** | **Speaking** |
| **N2** |  |  |  |  |  |  |  |
| **N1** |  |  |  |  |  |  |  |
| **R** |  |  |  |  |  |  |  |

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| **Age**  **Date** | **Literacy** | | | **Mathematics** | |
| **Comprehension** | **Word reading** | **Writing** | **Number** | **Numerical patterns** |
| **N2** |  |  |  |  |  |
| **N1** |  |  |  |  |  |
| **R** |  |  |  |  |  |

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| **GLD (Good Level of Development) if applicable – please tick** |
| **Achieved** |
| **Emerging** |

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| **Please explain what method has been used to track the pupil’s progress e.g. pupil progress meetings, school tracking systems e.g. SIMS:** |

Please confirm what you consider to be the progress in the last year:

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| --- | --- |
| **Above expected progress** | Please give details of what areas and give examples: |
| **Expected progress** | Please give details of what areas and give examples: |
| **Below expected Progress** | Please give details of what areas and give examples: |

**Educational Achievement - Primary**

**Key Stage 1**

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| --- | --- | --- | --- | --- | --- |
| **Attainment** | **English** | | | **Maths** | **Science** |
| **Phonics** | **Reading** | **Writing** |  | **Optional\*** |
| **Year 1** |  |  |  |  |  |
| **Year 2** |  |  |  |  |  |
| **SATs results if applicable** |  |  |  |  |  |

**Key Stage 2**

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| --- | --- | --- | --- | --- |
| **Attainment** | **English** | | **Maths** | **Science** |
| **Reading** | **Writing** |  |
| **Year 3** |  |  |  |  |
| **Year 4** |  |  |  |  |
| **Year 5** |  |  |  |  |
| **Year 6** |  |  |  |  |
| **SATs results if applicable** |  |  |  |  |

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| **If the pupil is working outside their year group programme please state which year groups curriculum the pupil is working in. Please state whether they are developing or securing their knowledge in this year group.** |

Please confirm what you consider to be the progress in the last year:

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| **Please explain what method has been used to track the pupil’s progress:** |
| **Reading:**  **Writing:**  **Maths:** |

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| **Above expected progress** | Please give details of what areas and give examples: |
| **Expected progress** | Please give details of what areas and give examples: |
| **Below expected Progress** | Please give details of what areas and give examples: |

**Educational Achievement – Secondary**

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| **Please explain what method has been used to track the pupil’s progress:** |
| **English:**  **Maths:**  **Science:**  **PSCHE:** |

**Key Stages 3, 4**

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| **Attainment** | **English** | **Maths** | **Science** | **PSHCE** |
| **Year 7** |  |  |  |  |
| **Year 8** |  |  |  |  |
| **Year 9** |  |  |  |  |
| **Year 10** |  |  |  |  |
| **Year 11** |  |  |  |  |

Please confirm what you consider to be the progress in the last year:

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| --- | --- |
| **Above expected progress** | Please give details of what areas and give examples: |
| **Expected progress** | Please give details of what areas and give examples: |
| **Below expected Progress** | Please give details of what areas and give examples: |

**SUPPORTING EVIDENCE FOR EHC NEEDS ASSESSMENT REQUESTS**

List of all professionals, services or agencies that are involved. Please provide their latest report.

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| **Service, agency, professional** | **Outcome focused advice attached: Yes/No** | **If outcome focused advice is not attached what are the reasons?** | **Has this advice been provided by parent or carer?** | **Date of Report** |
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For each professional, service, agency already involved with the child or young person give details.

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| Professional, service, agency |  |
| Phone and email |  |
| Support provided |  |
| Period of involvement |  |
| Date of most recent contact |  |
| Outcome-focused advice attached | Date: |

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| Professional, service, agency |  |
| Phone and emails |  |
| Support provided |  |
| Period of involvement |  |
| Date of most recent contact |  |
| Outcome-focused advice attached | Date: |

|  |  |
| --- | --- |
| Professional, service, agency |  |
| Phone and emails |  |
| Support provided |  |
| Period of involvement |  |
| Date of most recent contact |  |
| Outcome-focused advice attached | Date: |

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| --- | --- |
| Professional, service, agency |  |
| Phone and emails |  |
| Support provided |  |
| Period of involvement |  |
| Date of most recent contact |  |
| Outcome-focused advice attached | Date: |

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| Professional, service, agency |  |
| Phone and emails |  |
| Support provided |  |
| Period of involvement |  |
| Date of most recent contact |  |
| Outcome-focused advice attached | Date: |

**Use of Resources**

Please note, for pupils with special educational needs (SEN) at maintained mainstream schools, you need to demonstrate how you have used your delegated budget to enable you to support this pupil’s needs, (up to the cost threshold of £6,000 per pupil per year ie the notional budget)

All provision should be based on 1:1 equivalent support; therefore, if a child or young person has attended a group with 2 other children, the time should be divided by 3. If an intervention exists only to support the target pupil this would also count as 1:1 provision.

Please outline how school funding and any additional funds have been and will be used to meet the individual needs of the pupil for whom you are requesting statutory assessment

***Please provide an estimated cost (per annum) of the current use of funding for the named pupil***

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| Item from Provision Map e.g. outside agency, staff training, specialist support | Frequency, length and Time Span of Provision | If group intervention, how many children in the group? | Cost for this Child over One Year | Impact |
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| **Total On-going School Funding** | **£** |  | | |

**Intervention impact summary – Assess, Plan, Do, Review Process**

**Name: Date of Birth: NCY:**

**Name of educational setting:**

**When did the intervention take place? Autumn Term/Spring Term/Summer Term**

We expect evidence of intervention over time. You may need to submit a number of these intervention impact summary tables to provide evidence of this. For example one per term. ***Please note that you if you have SEN support plans you can attach them to the referral and do not need to complete this Section***

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| **Pupil’s need targeted by this intervention** | **Intervention: Describe what this entails.**  **What is the expected outcome?** | **Which professional recommended this?** | **Pupil:**  **Staff ratio(state teacher, TA or professional agency) and duration** | **Duration and frequency of intervention (per week, per child)** | **Impact; What impact has the intervention had. How do you know?**  **What is your evidence? (e.g. formal/informal assessment)** | **Next steps: How could this provision be developed over time and contribute to increase independence?** |
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**Education, Health and Care Needs Assessment – Parent/Carer/young person Consent Form**

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| **Name of Child/Young Person:** |
| **Early Years Setting/ School/ College Setting currently attending:** |

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| --- | --- |
| I am a resident of the London Borough of Merton | Yes/No |
| I agree that my request for an Education, Health and Care Needs Assessment for my child can be shared with education, health and social care practitioners as appropriate and that existing information and advice that may support my request can be sought and shared. | Yes/No |
| I give consent for my child to undergo an Education, Health and Care Needs Assessment of his/her special educational needs should the Local Authority decide that this is required. | Yes/No |
| If an EHC Needs Assessment is necessary, I agree that information and advice about my child can be sought, gathered and circulated both to those who have contributed advice and to other practitioners, where appropriate. | Yes/No |
| I give consent for my residency to be checked against council systems, i.e. council tax. (Please note that the Local Authority are unable to process the request for EHC needs assessment if you do not give consent for your residency to be checked against council systems). | Yes/No |

If the Local Authority does issue an Education, Health and Care Plan, the information collected will be shared in line with LA statutory duties and recorded with education, health and social care practitioners, your child’s or young person’s current and/or future educational setting. Further details on Merton’s data protection policies can be found at: <https://www.merton.gov.uk/council-and-local-democracy/data-protection-and-freedom-of-information/policies>

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| Name of Parent/Carer/Guardian/Young Person***:*** |
| Full Address: |
| So that the SENDIS Service can process this EHC Needs Assessment request it collects personal and sensitive information (such as reports from professionals) about you or your child’s educational and health needs. This information will be kept secure and for a period in line with the local authority’s retention schedule. We will not use or share it without your consent except where, by law, we may be required to do so in order to prevent or detect a crime or harm to an individual or to comply with the local authority’s statutory duties e.g. delivery of provision in Section F of an EHCP or statutory returns. The link to London Borough of Merton’s Privacy Notice is [Children’s Services and Education privacy notice | Merton Council](https://www.merton.gov.uk/legal/privacy-and-cookies/childrens-services-and-education-privacy-notice)  For the purpose of confirming you live at the address you have given on this form we may check your details against our council tax, electoral roll or other information held by relevant council departments. You have the right to request a copy of or correction to the information we hold about you, if inaccurate. If you wish to contact the SEN service, you can do so by emailing [sen@merton.gov.uk](mailto:sen@merton.gov.uk) |
| **Signature:** |
| Date: |

**ONCE COMPLETED PLEASE RETURN THIS CONSENT FORM WITH PROOF OF ADDRESS TO:** Special Educational Needs and Disabilities Integrated Service (SENDIS), Civic Centre, London Road, Morden, SM4 5DX **or preferably by secure email to** [senreferrals@merton.gov.uk](mailto:senreferrals@merton.gov.uk)

**For office use only**

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| Date Received: |  | Response due by: |  |
| Case Officer: |  | Panel Date: |  |