South Tyneside Education Health & Care Needs Assessment Professional Request

This application form is for professionals in South Tyneside to request an Education Health & Care Needs Assessment. All requests should be submitted alongside all evidence requested to [sen@southtyneside.gov.uk](mailto:sen@southtyneside.gov.uk)

**N.B. Prior to request settings are encouraged to explore all support available to them, including early help, Educational Psychology Service, EPS specialist teachers, Inclusion Service, Speech & Language Therapy, Occupational Therapy and any other relevant external professionals to obtain advice and support prior to an application and submit evidence of involvement alongside this request.**

## Disclaimer

|  |  |
| --- | --- |
|  | I confirm that the graduated response has been appropriately used to provide interventions and support for a child, having done so, the child is referred to in this request has continued to make insufficient progress towards their learning objectives. |
|  | I confirm that advice has been sought from all relevant support available to us and reports will be submitted alongside this request |

## About the Child / Young Person

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Forename |  |
| Date of Birth |  | Gender/Identify As |  |
| Ethnicity |  | Language spoken at home |  |
| Address  Post Code |  | | |

## Parent / Carer Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name |  | | Full Name |  | | |
| Address  Post Code |  | | Address  Post Code |  | | |
| Tel No |  | | Tel No |  | | |
| E-Mail |  | | E-Mail |  | | |
| Relationship to CYP |  | | Relationship to CYP |  | | |
| Preferred Contact Method |  | | Preferred  Contact Method |  | | |
| Parental Responsibility | No | Yes | Parental Responsibility | No | Yes | |
| Do the parents/carers have any specific communication needs?  Please provide details and if any alternative methods of communication are required | | | | | No | Yes |
|  | | | | | | |

## Social Care Involvement

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is the child/young person in the care of the Local Authority? | | | | | | No | | | Yes | | |
| Does their parent(s) have parental responsibility? | | | | | | No | | | Yes | | |
| *If the child is cared for, please provide details of their legal status e.g., Full Care Order/Section 20* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Please provide contact details for: | | | Name | | | | Telephone Number | | | | |
| Social Worker | | |  | | | |  | | | | |
| Designated Child Cared For Teacher | | |  | | | |  | | | | |
| Is the child under any of the following (if so, please provide details below) | | | | | | | | | | | |
| SGO |  | | CP Plan | |  | | CIN Plan | | |  | |
|  | | | | | | | | | | | |
| Is their home address and/or school protected? *Please provide details below* | | | | | | | | Yes | | | No |
|  | | | | | | | | | | | |
| Is there an Early Help Plan current in place for this CYP? | | | | Under consideration | | | | Yes | | | No |
| Lead Practitioner | |  | | Date of Latest EHP | | | |  | | | |

## School/Setting

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School/Setting |  | |  | | |  | | |
| Year Group |  | | Actual Year Group if Different | | |  | | |
| Staff Ratios  (in Class) |  | | Staff Ratios  (in Year Group) | | |  | | |
| Attendance (if below 95%, please provide a brief description of circumstances) | | | | | | |  | |
|  | | | | | | | | |
| Previous School/Setting Information | | | | | | | | |
| Name of Provision | | Type of Provision | | From | To | | | Reason for Leaving |
|  | |  | |  |  | | |  |
|  | |  | |  |  | | |  |

## Exclusions & Managed Moves

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has the CYP been excluded within the last academic year? | | Yes | No | |
| Type | Date | Duration | Reason | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
| Has the CYP been moved to a specialist behaviour provision within the setting or been referred to the Beacon Centre (PRU)? Has this been considered or requested? *Please provide a brief overview* | | | Yes | No |
|  | | | | |
| Has there been any attempted or successful managed moves? *Please provide details* | | | Yes | No |
|  | | | | |
| Has there been a reduction in hours due to behavioural, emotional and/or social needs?  *Please provide details* | | | Yes | No |
|  | | | | |

## Reason For Request

Section 9:14 of the SEND Code of Practice (2014) states that the Local Authority should consider whether, despite relevant and purposeful action to identify, assess and meet the needs of the child or young person they have not made expected progress towards their individual learning outcomes.

|  |
| --- |
| Please provide a background of reasons for requesting an EHC Needs Assessment, outlining what an EHCP can provide over and above Ordinarily Available Provision and /or additional support & resources within your setting’s notional budget |
|  |

## About the Child/Young Person’s Special Educational Needs

|  |  |  |
| --- | --- | --- |
| SEND Ranges | | |
| Area of Need | Current | Previous Academic Year |
| Communication & Interaction |  |  |
| Cognition & Learning |  |  |
| Social, Emotional & Mental Health |  |  |
| Medical, Sensory and/or Physical |  |  |

## Nursery/Foundation Stage

*Referring to the SEND Ranges 0-25 document in alignment with the Nursery/Foundation Stage assessment, provide a narrative of progress within the areas below and indicate whether the child’s learning is broadly typical in this area. Detail the special educational needs they have within each area as well as identified areas of strength.*

|  |  |
| --- | --- |
| Cognition & Learning | **Literacy** (Comprehension, Word Reading & Writing) |
|  |
| **Mathematics** (Numbers & Numerical Patterns) |
|  |
| **Understanding the World** (Past and Present, People, Cultures and Communities & The Natural World) |
|  |
| **Expressive Art and Design** (Creating with Materials & Being Imaginative and Expressive) |
|  |
| Communication & Interaction | **Communication and Language** (Listening, Attention and Understanding & Speaking) |
|  |
| Physical and/or Sensory | **Physical Development** (Gross Motor Skills & Fine Motor Skills) |
|  |
| Social Emotional Mental Health | **Personal, Social and Emotional Development** (Self-Regulation, Manging Self, Building Relationships) |
|  |

## The Four Broad Areas of Need

To be completed for all key stages. Referring to the SEND Ranges 0-25 document, please provide information about the young person’s difficulties including details of when their SEN were identified and any changes over time.

|  |
| --- |
| **Communication & Interaction:** *Does the child have any diagnoses or are they on any pathway(s)? How do they present in school? If there are periods of dysregulation how frequent are they and how long do they last? Provide details of any sensory difficulties relating to Autism here.* |
|  |
| **Strengths** |
|  |
| **Cognition & Learning:** *Where are they working in relation to ARE? What progress has been made over time?* |
|  |
| **Strengths** |
|  |

|  |
| --- |
| **Social, Emotional Mental Health:** *Does the child have any diagnoses or are they on any pathway(s)? How do they present in school? If there are periods of dysregulation how frequent are they and how long they last?* |
|  |
| **Strengths** |
|  |
| **Medical, Sensory and/or Physical:** *Does the child have any diagnoses or are they on any pathway(s)? How do they present in school? Please note, this area of need relates to HI, VI, MSI and Physical Disability (including DCD), but not sensory difficulties relating to Autism.* |
|  |
| **Strengths** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provide an outline of the provision that is currently in place to meet the child’s needs.  *Please ensure that the number corresponds to same number within Individual Provision Map* | | | | |
| No | **Intervention / Support in Place**  *Include information about specific resources, how they have been implemented etc* | **Need**  *What need is being address through the provision being provided* | **Target / Success Criteria**  *How will you know these are being successful, what process of assessment is being used* | **Impact**  *How has this provision supported the child making progress towards their outcomes* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Risk Assessment** – Is the child a current risk to themselves, peers, adults, property or other risk? |
| *Please provide an outline of needs in this area and a copy of their current risk assessment, positive handling plan, etc.* |
|  |
| **Medical Needs** – Does the child currently have medical needs for which they require care in school? |
| *If yes, please provide an outline of their medical needs, how the needs are managed and a copy of their current medical care plan, incident logs, etc.* |
|  |

## Outcomes

Please tell us the outcomes (attainment/progress) you think the child/young person should be working towards for their next key transition e.g., nursery to primary school, primary to secondary school, secondary school to post 16 (whichever is the next transition point). The outcomes must be SMART, relevant to their identified needs and to Preparation for Adulthood. [Supporting-Planning-Writing-Good-PfA-Outcomes-March-2022.pdf (ndti.org.uk)](https://www.ndti.org.uk/assets/files/Supporting-Planning-Writing-Good-PfA-Outcomes-March-2022.pdf)

There should be a ‘golden thread’ which links the outcomes to the child/young person’s and their parent/carers’ views and the child/young person’s needs.

|  |  |
| --- | --- |
| **Proposed Outcomes** | |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

## Multi Agency Involvement

*Please provide copies of any recent relevant reports/letters/information (e.g. Early Help minutes, medical letters, contact with outreach services) or reports outlining diagnoses if the child/young person has been discharged from the service.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Service** | | **Contact Name** | **E-mail/Telephone** | **Dates of Involvement** | **Involvement Summary** | **Report**  **Provided** |
| Education | Alternative Education & Behaviour Support Service - Beacon Centre |  |  |  |  |  |
| Inclusion Service |  |  |  |  |  |
| Connexions Service |  |  |  |  |  |
| Portage & Pre-School Service |  |  |  |  |  |
| Educational Psychology Service |  |  |  |  |  |
| Ethnic Minority and Traveller Achievement Service (EMTRAS) |  |  |  |  |  |
| Hospital and Home Tuition |  |  |  |  |  |
| The PLACE - Looked After Children |  |  |  |  |  |
| Visual and/or Hearing Impairment Service |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |
| Social Care | Early Help |  |  |  |  |  |
| Children’s Social Care |  |  |  |  |  |
| Children’s Disability Team |  |  |  |  |  |
| Youth Justice Service |  |  |  |  |  |
| Voluntary Sector (Barnardo’s, YVC) |  |  |  |  |  |
| Adult Social Care |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |
| Health | GP/Family Doctor name, address, telephone number |  |  |  |  |  |
| Bowel and Bladder (Continence) Service |  |  |  |  |  |
| Centre for Life (Genetics) |  |  |  |  |  |
| Children and Young People’s Service (CYPS)/Children and Adolescent Mental Health (CAMHS) |  |  |  |  |  |
| Children’s Community Nursing Team |  |  |  |  |  |
| Dietitian |  |  |  |  |  |
| Great North Children’s Hospital |  |  |  |  |  |
| Health Visitor |  |  |  |  |  |
| Lifecycles |  |  |  |  |  |
| Matrix Service |  |  |  |  |  |
| Occupational Therapy |  |  |  |  |  |
| Physiotherapy |  |  |  |  |  |
| School Nurse |  |  |  |  |  |
| Speech and Language Therapy |  |  |  |  |  |
| Sunderland Hospital |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |

## Educational Attainment:

Please explain the attainment in relation to the child’s age-related expectations within the Cognition & Learning element of Section 7. About the Child/Young Person’s Special Educational Needs, The Four Broad Areas of Need

### Key Stage 1

*Please give a clear indication as to where the child/young person is working in relation to age related expectations.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Writing** | **Reading** | **Maths** |
| Last Year |  |  |  |
| This Year |  |  |  |
| Next Year Target |  |  |  |
| Year 1 Phonic Check | | | *Please check box if pass* |

### Key Stage 2

|  |  |  |  |
| --- | --- | --- | --- |
| **English** | **Writing** | **Reading** | **Spelling, Punctuation & Grammar** |
| Last Year |  |  |  |
| This Year |  |  |  |
| Next Year Target |  |  |  |

|  |  |  |
| --- | --- | --- |
| **MATHS** | **Arithmetic** | **Mathematical Reasoning** |
| Last Year |  |  |
| This Year |  |  |
| Next Year Target |  |  |

## Key Stage 3 & 4

*Please give details of the exams that are expected to be taken as well as those already completed at Key Stage 3 & 4*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject** | **Level / Type of Qualification**  *(Key Stage 4 Only)* | **Specific Target Grade**  *(For example, 1-9 for GCSE)* | **Previous Years attainment** | **Current Attainment** |
| **English** |  |  |  |  |
| **Maths** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Application Submitted by:** |  |
| **Parent/Carer Signature:** |  |
| **Date:** |  |

## Quality Assurance

As the person making this request you are responsible for ensuring this is made in line with the fundamental principles of the Children & Families Act (2014) and the Special Educational Needs & Disability Code of Practice 0-25yrs (2014)

Prior to application being submitted to panel, the application will be quality assured, to check that all information necessary is provided to decide whether to carry out an Education Health & Care Needs Assessment.

**Where an application is incomplete, does not provide enough information to make an informed decision or required evidence is not provided it will not be considered.**

### Checklist

|  |  |
| --- | --- |
|  | Detailed description of needs |
|  | Evidence of need (supporting information and advice) |
|  | Provision Map |
|  | Current academic achievement is clearly outlined |
|  | Detailed review of current provision including details of targets |
|  | Detailed planned provision including details of targets/outcomes |
|  | SEND Ranges |
|  | Signed by Parent/Carer |
|  | All mandatory and additional supporting information |

Please complete the table below with a list of additional supporting information and evidence provided at the time of submission. Mandatory evidence is marked with an asterisk\*

Examples of documentation that is expected are:

* Educational Psychology Report
* Minutes of Early Help Meetings
* Reports from health services, i.e., CYPS/Lifecycle, SALT etc.
* Inclusion Service or Portage & Preschool Reports

|  |  |
| --- | --- |
| Document Reference | Title |
|  | \*Completed individual Provision Map outlining how the setting has utilised its notional funding |
|  | \*Current SEN Support Plan and two most recently evaluated plans |
|  | \*Parent/Carer and Child/Young Person’s views form |
|  |  |
|  |  |
|  |  |