|  |  |
| --- | --- |
| Section 1 | **Child & Parent(s)/Carer(s) Details****Date of application:** |
|  |
| **Child or Young Person Details** |
|  |
| Child’s first name |  | Child's last name |  | Also known as (if applicable) |  |
| Date of Birth |   | NC Year Group |  | Unique Pupil Number (UPN) |  |
| Gender |  | Ethnicity |  | Home language |  |
| Preferred pronouns |  |
| Current attendance |  |
| Address |  |
| Is the pupil looked after by a local authority? | Yes |[ ]  No |[ ]  If YES what local authority? |  |
| EHC needs assessment requested by: | Setting | ☐ | Parent | ☐ | Other (Please specify i.e. social care, health, SEND Under 5) | ☐  |
|  |
| **Parent/Carer(s) Details** |
|  |
| **Parent/Carer 1 (if applicable)** |
| Name of Parent or Carer (with Parental Responsibility) |  | Relationship to child |  |
| Address  |  |
| Telephone number |  | Email address |  |

|  |
| --- |
| **Parent/Carer 2 (if applicable)** |
| Name of Parent or Carer (with Parental Responsibility) |  | Relationship to child |  |
| Address *(if different from above)* |  |
| Telephone number |  | Email address |  |
| **Note: please include contact details for all parent/carers with parental responsibility and any restrictions in sharing these below.**  |
|  |

|  |  |
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| **Section 2** | **Educational setting details and reason for request** |
|  |
| Current setting name |  | Address |  |
| Date of admission |  | Name of SENCO |  |
| Telephone Number |  | Email address |  |
| Have you applied for Inclusion Funding? | Y/N | What band of Inclusion Funding has been agreed? |  |

|  |
| --- |
|  **Reason for the request** |
|  |
| **Please provide a summary of the background and reasons this child may be considered for an EHC needs assessment. For example: what has led to this information gathering; is there a diagnosis and what is the impact of this; nursery/pre-school history; which professionals have been involved historically. Also include their living situation/family circumstances.** **If the parent has asked you gather information for a request, please provide your views on this and whether needs are being met through SEN Support/OAIP.** **Note: It is not necessary to provide detail of individual areas of need, support, and interventions here as these should be provided in the relevant sections below.** |
|  |

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| Section 3 | **Strengths and Needs** |
|  |
| Please provide a brief description of the child strengths, and detail of the nature and extent of their special educational needs and how these are impacting on their participation and engagement within the educational setting. Include any relevant assessment scores from professional reports**.**  |
|  |
| **Cognition and Learning.** Please only specify strengths and needs related to this area - refer to the guidance document. If there are no C & L concerns or needs identified, please indicate this. | Primary need  |[ ]
|  | Secondary need |[ ]
|  |
| Strengths in relation to this area |  |
| Description of Special Educational Need |  |

|  |  |
| --- | --- |
| **Communication and Interaction**. Please only specify strengths and needs related to this area - refer to the guidance document. If there are no functional speech and language difficulties, please indicate this. | Primary need  |[ ]
|  | Secondary need |[ ]
|  |
| Strengths in relation to this area |  |
| Description of Special Educational Need |  |

|  |  |
| --- | --- |
| **Social Emotional and Mental Health**. Please only specify strengths and needs related to this area - refer to the guidance document. If there are no SEMH concerns or needs identified in this area, please indicate this. | Primary need  |[ ]
|  | Secondary need |[ ]
|  |
| Strengths in relation to this area |  |
| Description of Special Educational Need. |  |

|  |  |
| --- | --- |
| **Physical and Sensory**. Please only specify strengths and needs related to this area i.e., a physical impairment or disability or sensory impairment (Hearing Impairment, Visual Impairment, Multi-Sensory Impairment). Note: Sensory processing / integration difficulties including sensitivity to noise should be recorded in the section related to the impact e.g., if it causes anxiety or behaviour difficulties, then it should be reflected in SEMH. Please refer to the guidance. If there are no needs in this area, please specify this. | Primary need  |[ ]
|  | Secondary need |[ ]
|  |
| Strengths in relation to this area |  |
| Needs in relation to this area |  |

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| Section 4 | **Cognition and Learning Data - Progress/Attainment over time** |
|  |
| Using the Early Years Small Steps Support document, please complete the table below with progress data for the Prime Areas of learning |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Age in months = current age**  | **Term 1** **Date of assessment:****Age in months:** | **Term 2****Date of assessment:****Age in months:** | **Term 3****Date of assessment:****Age in months:** |
| **Communication and Language:**Listening, Attention and Understanding -Speaking - | Working at months Working at months | Working at months Working at months | Working at monthsWorking at months |
| **Personal, Social and Emotional Development:**Self-Regulation -Managing Self -Building Relationships - | Working at monthsWorking at monthsWorking at months | Working at monthsWorking at monthsWorking at months | Working at monthsWorking at monthsWorking at months |
| **Physical Development:**Gross Motor Skills -Fine Motor Skills - | Working at monthsWorking at months | Working at monthsWorking at months | Working at monthsWorking at months |

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| Section 5 | **Implementation of the Graduated Approach** |
|  |
| **Please complete this plan to outline what needs to happen within the setting to enable the child to be included, have access to high quality learning experiences and make progress. Please detail the support that has been put in place over time to meet the child or young person’s special educational need. You need to include details of the Assess, Plan, Do, Review cycles of individual support available to the pupil and the subsequent reviews. The most recent information should also show evidence of how you have drawn on more specialist expertise from outside professionals.**  |

|  |  |
| --- | --- |
| Action Plan | **Cycle 1**Providers must evidence at least one full cycle of Assess, Plan, Do, Review (the Graduated Approach)  |
|  |
| **Date of Action Plan:**  | **Date for Review:** | **By whom:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Support needed by the child in the setting (Assess) Please be specific.**  | **Actions for the setting (Plan)****Who, what, where when?** | **Impact and progress (Do)** | **Review and Next Steps (Review)** |
|  |  |  |  |
|  |  |  |  |

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| Action Plan | **Cycle 2**For Inclusion Funding, submit **at least one action plan reviewed with next steps.** Providers must evidence at least one cycle of Assess, Plan, Do, Review (the Graduated Approach)  |

|  |  |  |
| --- | --- | --- |
| **Date of Action Plan:**  | **Date for Review:** | **By whom:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Support needed by the child in the setting (Assess)** | **Actions for the setting (Plan)****Who, what, where when?** | **Impact and progress (Do)** | **Review and Next Steps (Review)** |
|  |  |  |  |
|  |  |  |  |

Cycle 2

|  |  |
| --- | --- |
| Action Plan | **Cycle 3**For Inclusion Funding, submit **at least one action plan reviewed with next steps.** Providers must evidence at least one cycle of Assess, Plan, Do, Review (the Graduated Approach)  |

|  |  |  |
| --- | --- | --- |
| **Date of Action Plan:**  | **Date for Review:** | **By whom:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Support needed by the child in the setting (Assess)** | **Actions for the setting (Plan)****Who, what, where when?** | **Impact and progress (Do)** | **Review and Next Steps (Review)** |
|  |  |  |  |
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| Section 6 | **Summary of Professional involvement** |
|  |
| **Please use the table below to specify all professionals that have been involved with the child. Please include details of referrals made to and current interventions delivered by non-school agencies which could include Social Care, Child Development Centre (CDC), Portage, Early Years Specialist Advisory Teachers (EYSATs), Speech and Language Therapy (SALT), Sensory Support Team etc. The table below should be completed with details of the service, start/finish dates and the impact** |

***\*Add a new row for each area of need. To do this – click outside of the table row and you will see a line for typing. Press enter and a new row will appear. \****

|  |  |  |  |
| --- | --- | --- | --- |
| **Identified areas of need** | **Name of Service** | **Start and end date of service involvement** | **Details of the impact of each intervention****Impact RAG and****Analysis****R = No impact****A = some, not sustaining****G = good, and sustaining** |
|  |  |  |  |
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| Section 7 | **Health information****Please provide a brief summary of any health medical conditions, the impact of these day to day, and if they require oversight or intervention during the school day** |
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|  |

|  |  |  |
| --- | --- | --- |
| **Is an Individual Health Care Plan in place?** | **Yes, copy attached**  |[ ]  **No, not required** |[ ]
|  |
| Health Need and Diagnosis | Date Diagnosed | Health Professional Involved/ Contact Details | Current involvement (current, discharged etc.) |
|  |  |  |  |
|  |  |  |  |

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| Section 8 | **Social Care information** |
|  |
| Social Care Involvement | Yes (Complete below) |[ ]
|  | No |[ ]
|

|  |
| --- |
| **Please provide a brief summary of any family or environment issues that may be affecting the child or young person i.e., issues around basic care; guidance, boundaries and stimulation; family history, functioning and well-being, social and community elements etc, and the impact of these day to day, and if they require oversight or intervention during the school day.** |
|  |

 |
| Name of Social Worker/Family Support Worker |  |

|  |  |
| --- | --- |
| Is the family involved in an Early Help Plan (EHP)? | Yes  |[ ]
|  | No |[ ]

|  |  |
| --- | --- |
| Is the child subject to a Child in Need (CiN) Plan? | Yes  |[ ]
|  | No |[ ]

|  |  |
| --- | --- |
| Is the child subject to a Child Protection (CP) Plan? | Yes  |[ ]
|  | No |[ ]

|  |  |
| --- | --- |
| Section 9 | **Parent/Carer Views** |
|  |
| **Parents must be included in co-producing any request for assessment and have their own views reflected throughout.****As part of considering the request for an ECNHA, the considerations panel would like to know your views.** |

|  |  |
| --- | --- |
| Your Name |  |
| Child/Young Person’s name |  |
|  |
| **Child or young person’s story – health, school, independence skills, friendships and relationships, future aspirations** |
|  |
| **Things I would like you to know about my child/young person** |
|  |
| **Why I want an EHC needs assessment for my child/young person** |
|  |

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| Section 10 | **My One Page Profile – The Child’s Voice** |

|  |  |  |
| --- | --- | --- |
| **My gifts, strengths, and talents** | **What’s important to me…** | **How to support me…** |
|  |  |  |

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| Section 11 | **Requestor Declaration** |
|  |
| As the person making this request you are responsible for ensuring the request is made in line with the fundamental principles of the Children and Families Act 2014 (the Act) and the Special Educational Needs and Disability Code of Practice: 0-25 years (January 2015). You are required to explain to parents that the information within this request will be sent to the SEN Assessment Team. You must use your best endeavours to ensure they have seen and agree with the information provided and they are aware this will be shared with relevant education, health and social care professionals to enable appropriate support to be put in place to meet the child or young person’s needs.In line with the Act, it is expected that you will complete this referral with the family adopting the principles of co-production and collaboration.The SEN Assessment Team will hold and use this information to comply with its legal obligations and in line with their Privacy Notice. You are required to make the family aware of the Privacy Notice information which can be found here on the Local Offer:<https://westsussex.local-offer.org/information_pages/398-parents-carers-information-privacy-policy>  |
| **AGREEMENT** |
| **I confirm that this request has come from SEND Under 5 and I have explained to the parent/carer that the information within this request will be shared as required to enable appropriate assessment of the child’s special educational needs. It will be used to ensure suitable support is in place to meet the child’s needs. I have made the family aware of the SEN Assessment Team Privacy Notice.****I confirm that I have made the parent/carers aware that this request does not mean their child will be put forward for an Education, Health and Care Assessment, however this information will be used to inform the decision made at the considerations panel.****The content of this report will be used as the pre-school’s evidence if an EHC needs assessment is carried out and, if agreed will contribute to the content of the Education, Health and Care Plan. It may also be used as evidence for an appeal to the First Tier Tribunal – Special Educational Needs and Disability.**  |
| Name and role |  | Signature |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature: |  | Name and Role: |  | Date: |  |

|  |  |
| --- | --- |
| Section 12 | **Additional documentation to support the request** |

|  |  |
| --- | --- |
| Checklist (Additional documents to include those highlighted with an asterisk \* are mandatory) | Tick to confirm |
| **Evidence of appropriate outside agency involvement. For example, medical reports, Social Care, Child Development Portage, Early Years Specialist Advisory Teachers (EYSATs), Speech and Language Therapy (SALT), Sensory Support Team etc.** |[ ]
| **Medical Questionnaire (this is not mandatory but is of great use if the assessment is agreed so we encourage all requestors to ask the family to complete this document.** |[ ]