

Appendix 1: Request for EHC Statutory Assessment



DISABILITY SERVICE REQUEST FOR STATUTORY EDUCATION, HEALTH & CARE ASSESSMENT

Please note that all the information on this form will be copied to parent/carers and agencies directly involved in the education of the child/young person.

Please ensure you have completed the checklist and all appropriate reports are attached.

In order for a statutory assessment to be undertaken, the balance of evidence must show that:

- *The child/young person's learning difficulties have not responded to relevant and purposeful measures by the school and external specialists over a significant period of time (at least up to four terms).*
- *The child/young person's learning difficulties may call for special education provision which cannot reasonably be provided within the resources normally available to mainstream settings.*

Personal Information

Child/Young Person

Forename:		Surname:	
Date of birth:		Gender:	
Ethnicity:		Religion:	
Home address:	Postcode:		
Home language:		Unique Pupil Number :	
Legal status:			

Persons with Parental Responsibility

Surname:		Forename:	
Telephone number:			
e-mail address:			
Surname:		Forename:	
Telephone number:			
e-mail address:			
Address 1:	Postcode:		
Address 2: (if applicable)	Postcode:		
Current Provision			
Name of setting:			
Address:			
Postcode:		Telephone:	
Admission Date:			
Previous settings attended (if any):			

Details of involvement of external agencies

Agency	Name	Level of support e.g. 1:1 for 1 hour	Frequency e.g.1 p/month	Date of most recent involvement
Child Development Centre				
Child and Family Adolescent Consultation Service				
Educational Psychologist				
Occupational Therapist				
Paediatrician				
Parenting Practitioner				
Physiotherapist				
Early Years/Key working services				
Sensory Teacher: (PD, VI and HI)				
Social Care Service				
Specialist Teacher: Behaviour Support, Language				
Speech and Language Therapist				
Voluntary Sector				
Other				

Background

Child/young person's history
Child/young person's interests, likes and dislikes

How child/young person likes to communicate and be involved in making decisions
Child/young person's hopes for the future (including education, play/leisure/sport, health, friendships, further education/adult life/independent living & employment)
Child/young person's parents/carers views about his/her special educational needs and their hopes for the future
How child/young person's views were obtained
Child/young person's support network (family/friends)

Special Educational Needs

In this section please describe the child/young person's strengths, interests, talents and areas of need including any diagnosis. Please also consider the following points as they relate to each area of need:

- The nature and severity of the child/young person's educational needs
- The impact of the child/young person's needs on their learning
- The impact on curriculum access and participation
- The impact on personal and social development including details of other relevant aspects such as social skills, behaviour, self care and confidence

Please refer to guidance notes for examples of evidence that may be used.

Communication and Interaction	Strengths:	
	Special educational needs:	Evidence attached
Cognition and Learning	Strengths:	
	Special educational needs:	Evidence attached
Social, Emotional and Mental Health	Strengths:	
	Special educational needs:	Evidence attached
Sensory and/or Physical Needs	Strengths:	
	Special educational needs:	Evidence attached

Special Educational Needs Support

Date SEN Support started:	
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Please provide details of attainments and progress over the time of SEN Support. Include curriculum details, P levels or similar and records such as tracking data

	NC level last year	NC level current	NC level predicted
Numeracy			
Literacy			
Other curriculum			

Describe the 'Assess, Plan, Do, Evaluate' cycle and how has this been revisited and built upon over time in order to identify, assess and address needs. Include school/setting based information, Early Help Assessment or equivalent, and evidence of parent and child/young person's involvement.

Describe the assessments, and impact of support used by the setting.	Evidence attached
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Please attach the provision maps outlining spend over and up to £6K demonstrating how the setting has utilised its resources to date to meet needs.	Evidence attached
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Describe how a statutory assessment will support the planning and provision to meet the child/young person's special educational needs and what are the outcomes sought.

Young Person's agreement to submit application:
 I agree with the content and accuracy of the information contained within this application and am happy for it to be submitted to the London Borough of Hillingdon.

Young PersonSignature.....Date.....

Parent/Carers agreement to submit application:
 I agree with the content and accuracy of the information contained within this application and am happy for it to be submitted to the London Borough of Hillingdon.

Parent/Carer NameSignature.....Date.....

Checklist

It is essential that you provide the following:	Check if enclosed
Evidence of the child/young person's achievements (attainment and progress) compared to norms, peers from the same start point or expectations of the child/young person	<input type="checkbox"/>

<p>Evidence of the involvement and views of Early Help support and/or external agencies including, where applicable:</p> <ul style="list-style-type: none"> • Educational Psychology Service • Educational Welfare and Attendance Service • Health Authority and Social Services <p>Include copies of reports or minutes of review meetings held at various stages over the past year/18 months where appropriate</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Copies of reviewed individual plans for the child/young person over the past year/18 months. Include examples of curriculum planning</p>	<input type="checkbox"/>
<p>Copies of detailed and costed provision maps for the past year/18 months</p>	<input type="checkbox"/>
<p>Evidence of involvement of parents/carers and any written comments</p>	<input type="checkbox"/>
<p>Evidence of involvement of the child/young person including a copy of, for example the 'All about me' or 'single profile'</p>	<input type="checkbox"/>
<p>Dated and annotated example of child/young person's work, where appropriate (a maximum of 2)</p>	<input type="checkbox"/>
<p>A signed copy of the parental agreement form to share information</p>	<input type="checkbox"/>
<p>Please make sure this form is signed and dated by yourself and parents/carers/young person</p>	<input type="checkbox"/>

To be signed by Headteacher/Teacher in Charge

Signature: _____

Name: (Block CAPITALS) _____

Date: _____



HILLINGDON
LONDON

ALL AGE DISABILITY SERVICE

PARENTAL AGREEMENT TO SHARE INFORMATION BETWEEN PARTNER AGENCIES

Child/Young Person's Details			
Name:		Date of birth:	
Current Setting:			
<p>As part of the application process, I agree for information relating to the assessment of my child/me, to be shared with all services & partner agencies including Health involved to facilitate decision making. I also agree to a medical examination if required and an Assessment by professionals supporting my child/me.</p> <p>Examinations and assessments are required as part of the Statutory Assessment process for special educational needs under Part 3 of the Children and Families Act 2014.</p>			
Parent//Carer or Young Person's Name (BLOCK CAPITALS)			
Signed:		Date:	
<i>By signing this document you are agreeing to the sharing of any information obtained with all services & partner agencies involved</i>			

DATA PROTECTION

Information you provide when applying for an assessment of your child's needs will be entered on a computerised database. Your information is protected by the Data Protection Act 1998, which ensures it can only be used for defined purposes and be passed only to specific people.

The defined purposes are:

- (i) Preventing fraud or other criminal offences or to ensure the safety of a child.**

The people who may receive the information are:

- (i) Any organisation legitimately investigating allegations of fraud, other criminal offences or child protection**