****

**EDUCATIONAL SETTING**

**Advice Form / Request for Education, Health and Care (EHC) Needs Assessment (Year 9 and Above)**

Please insert photo of young person (if have permission)

**This form must be completed electronically.**

**Guidance for completing this form can be found on the** [**Local Offer**](https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/advice.page?id=XbfxSF63VsA)

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| **SECTION 1: PERSONAL INFORMATION****(Complete sections where information is held by setting)** |

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| **DETAILS OF THE YOUNG PERSON** |
| First name |  | Surname |  |
| Date of birth |  | Gender |  |
| Home Address |  |
| Contact details |  | Ethnicity |  |
| Nationality |  | Religion |  |
| Home language |  | Is an interpreter required? | Yes / No |
| Does the young person have a registered disability? | Yes / No | Higher Needs Funding (HNF) Band |  |
| Current school / educational setting and address |  |
| Year group |  | UPN |  |

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| **PARENT/CARER DETAILS**  |
|  | **Parent / Carer 1** | **Parent / Carer 2** |
| Title |  |  |
| First name |  |  |
| Surname |  |  |
| Relationship to child/young person |  |  |
| Parental responsibility? | Yes / No | Yes / No |
| Home address (if different to child/ young person) |  |  |
| Contact telephone number/s |  |  |
| Email |  |  |
| When and how is best to contact? |  |  |
| Home language |  |  |
| Is an interpreter required? | Yes / No | Yes / No |

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| **ADDITIONAL INFORMATION** |
| NHS Number |  | GP and Practice Address |  |
| Please tell us if the young person is currently or has previously been:

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| --- | --- | --- |
|  | Currently | Previously |
| Open to Early Help (CAF) |[ ] [ ]
| Open to Social Care |[ ] [ ]
| A Child in Care (Looked After) |[ ] [ ]
| A Care Leaver |[ ]   |
| Open to Youth Justice Service |[ ] [ ]
| Open to School Attendance Service |[ ] [ ]
|  |  |  |

 |
| Personal Education Plan (PEP)?  | Yes / No | Review Date |  |
| Does the young person meet the criteria for Continuing Care / Continuing Healthcare? Children and young people’s continuing care national framework - GOV.UK (www.gov.uk)[NHS continuing healthcare - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/nhs-continuing-healthcare/) | Yes / No |

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| **SECTION 2: BACKGROUND INFORMATION** |

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| **ABOUT [NAME]** |
| *Please provide a brief summary of the young person’s history, home life, friendships and other important relationships, interests, etc.*  |

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| **EDUCATION** |
| Current education setting | Date commenced |
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| Previous education settings (where applicable) | Dates attended |
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| **DETAILS OF THE CURRENT OR PREVIOUS SEN SUPPORT AND** **INTERVENTIONS IN PLACE TO MEET THE NEEDS**E.g., additional and/or specialist staff support, teaching arrangements, the use of the graduated response. Include start dates and information about impact achieved |
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| **WHO ELSE IS CURRENTLY OR HAS PREVIOUSLY BEEN INVOLVED**(E.g. specialist education services, health, therapy and care services) |
| **Worker name** | **Role, team & organisation / service** | **Contact details** | **Dates involved** |
|  |  |  |  |
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**If you identify a situation at home that is worrying you and there is no support currently in place, go to** [**https://cypportal.suffolk.gov.uk/web/portal/pages/home**](https://cypportal.suffolk.gov.uk/web/portal/pages/home) **to make a referral.**

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| **SECTION 3: VIEWS OF THE YOUNG PERSON****AND THEIR PARENTS/CARERS** |

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| **PERSON-CENTRED PLANNING****Have the young person and their parents/carers been involved?** |  |
| I have involved the young person and their parents/carers and have taken their views and aspirations into account in the production of this advice / request for assessment | Yes / No |
| I have included the Young Person Advice or equivalent with this advice / request for assessment. (Template on the Local Offer website [here](https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/advice.page?id=XbfxSF63VsA)) | Yes / No |
| I have included the Family Advice form with this advice / request for assessment (Parents/carers can return the completed form directly to Family Services if they wish) | Yes / No |
| I have included the young person’s one page profile with this advice / request for assessment. A template is on the Local Offer website [here](https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/advice.page?id=XbfxSF63VsA).*A one page profile should include:** *Young person’s name*
* *Photo / self-portrait*
* *What is important to them now and in the future (in school and life)*
* *What others like and admire about them (ask others for their thoughts)*
* *How best to communicate with them, support them and help them to make decisions*
 | Yes / No |

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| If the young person has not been able or willing to complete an advice form / formally share their views as part of the EHC needs assessment, please let us know about any hopes and aspirations they have previously shared, anything that they enjoy / makes them happy and any worries they have shared. |
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| **SECTION 4: IDENTIFIED SPECIAL EDUCATIONAL NEEDS, STRENGTHS,** **DESIRED OUTCOMES AND SUGGESTED PROVISION (Year 8 and below)** |

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| **Area(s) of Need Identified***Indicate the key area(s) of need for the young person* *Please ensure each area selected has completed needs, desired outcomes and provision below* |
| Friends, Relationships & Community Inclusion  |[ ]
| Further Education & Moving Towards Employment  |[ ]
| Independent Living  |[ ]
| Health & Wellbeing |  |

**An Education, Health and Care Plan will identify a child/young person’s needs and the support that will enable them to achieve their long-term best hopes and ambitions.**

**Please provide details of the young person’s education, health and care needs and their strengths in relation to these needs. If no needs are identified in a section, please indicate ‘No needs identified’. Append any relevant documentation.**

**Progress is measured against agreed outcome targets. An outcome is something a child/young person will be able to do, understand and demonstrate. Outcomes should be person-centred, as well as specific, measurable, achievable, relevant and time bound (SMART).**

**Consider medium term outcomes that will support the young person to progress towards achieving their long-term hopes and ambitions and meet their needs. Outcomes will be reviewed formally each year through an annual review.**

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| **FRIENDS, RELATIONSHIPS & COMMUNITY INCLUSION***(Communication & Interaction / SEMH / Social Care)* |

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| *Social communication and interaction skills, community inclusion, relationship building.* |
| **Strengths**What can the young person do well, where are they making progress? |  |
| **SEN & Impact**What difficulties does the young person have / what are barriers to learning in this area and what is impact on community inclusion and relationship building*?* | *
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| **Medium-term outcomes** and the short-term targets towards achieving these*Outcomes should be SMART and span their current key stage, or the next key stage where relevant.*  |
| **Outcome:** |  |
| Short term targets: *
 |
| **Educational provision – support needed to help the young person achieve the above desired outcome***(this should include teaching approaches, staffing arrangements and resources or programmes. Provision should be as specific and quantified as possible)* | **Frequency***(e.g., how often, how many minutes/ hours, for how long)* | **Provided by** |
|  |  |  |
|  |  |  |
| **Provide details of any additional funding/resources that may be required to resource provision:** |
|  |

(There can be as many outcomes and/or provision as needed – copy & paste / delete rows)

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| **Outcome:** |  |
| Short term targets: *
 |
| **Educational provision – support needed to help the young person achieve the above desired outcome***(this should include teaching approaches, staffing arrangements and resources or programmes. Provision should be as specific and quantified as possible)* | **Frequency***(e.g., how often, how many minutes/ hours, for how long)* | **Provided by** |
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| **Provide details of any additional funding/resources that may be required to resource provision:** |
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| **FURTHER EDUCATION & MOVING TOWARDS EMPLOYMENT***(Cognition and Learning)* |

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| * *Literacy and numeracy skills and impact on future life skills*
* *Vocational qualifications the young person is studying for*
* *Independence in working*
* *How they interact with others in a learning environment*
* *Attention, concentration and/or communication skills and impact on young person’s ability to manage in a further education or work setting*
 |
| **Strengths**What can the young person do well, where are they making progress? |  |
| **SEN & Impact**What difficulties does the young person have / what are barriers to learning in this area and what is impact*?* | *
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| **Medium-term outcomes** and the short-term targets towards achieving these*Outcomes should span their current key stage, or the next key stage where relevant.* |
| **Outcome:** |  |
| Short term targets: *
 |
| **Educational provision – support needed to help the young person achieve the above desired outcome***(this should include teaching approaches, staffing arrangements and resources or programmes. Provision should be as specific and quantified as possible)* | **Frequency***(e.g., how often, how many minutes/ hours, for how long)* | **Provided by** |
|  |  |  |
|  |  |  |
| **Provide details of any additional funding/resources that may be required to resource the provision:** |
|  |

(There can be as many outcomes and/or provision as needed – copy & paste / delete rows)

|  |  |
| --- | --- |
| **Outcome:** |  |
| Short term targets: *
 |
| **Educational provision – support needed to help the young person achieve the above desired outcome***(this should include teaching approaches, staffing arrangements and resources or programmes. Provision should be as specific and quantified as possible)* | **Frequency***(e.g., how often, how many minutes/ hours, for how long)* | **Provided by** |
|  |  |  |
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| **Provide details of any additional funding/resources that may be required to resource the provision:** |
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| **INDEPENDENT LIVING***(Social, Emotional & Mental Health / Social Care)* |

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| *Self-care skills, functioning in the community, travel skills, managing money, preparing food, domestic activities* |
| **Strengths**What can the young person do well, where are they making progress? |  |
| **SEN & Impact**What difficulties does the young person have / what are barriers to learning in this area and what is impact*?* | *
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| **Medium-term outcomes** and the short-term targets towards achieving these*Outcomes should span their current key stage, or the next key stage where relevant.*  |
| **Outcome:** |  |
| Short term targets: *

  |
| **Educational provision – support needed to help the young person achieve the above desired outcome***(this should include teaching approaches, staffing arrangements and resources or programmes. Provision should be as specific and quantified as possible)* | **Frequency***(e.g., how often, how many minutes/ hours, for how long)* | **Provided by** |
|  |  |  |
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| **Provide details of any additional funding/resources that may be required to resource the provision:** |
|  |

(There can be as many outcomes and/or provision as needed – copy & paste / delete rows)

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| **Outcome:** |  |
| Short term targets: *
 |
| **Educational provision – support needed to help the young person achieve the above desired outcome***(this should include teaching approaches, staffing arrangements and resources or programmes. Provision should be as specific and quantified as possible)* | **Frequency***(e.g., how often, how many minutes/ hours, for how long)* | **Provided by** |
|  |  |  |
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| **Provide details of any additional funding/resources that may be required to resource the provision:** |
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| **HEALTH & WELLBEING***(Sensory, Physical & Medical)* |

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| *Vision and hearing impairments, emotional wellbeing, mental health, physical or mobility needs, health needs that impact on education.* |
| **Strengths**What can the young person do well, where are they making progress? |  |
| **SEN & Impact**What difficulties does the young person have / what are barriers to learning in this area and what is impact*?* | *
 |

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| **Medium-term outcomes** and the short-term targets towards achieving these*Outcomes should span their current key stage, or the next key stage where relevant.*  |
| **Outcome:** |  |
| Short term targets: *
 |
| **Educational provision – support needed to help the young person achieve the above desired outcome***(this should include teaching approaches, staffing arrangements and resources or programmes. Provision should be as specific and quantified as possible)* | **Frequency***(e.g., how often, how many minutes/ hours, for how long)* | **Provided by** |
|  |  |  |
|  |  |  |
| **Provide details of any additional funding/resources that may be required to resource the provision:** |
|  |

(There can be as many outcomes and/or provision as needed – copy & paste / delete rows)

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| **Provide details of academic attainment or developmental milestones and progress over time, including (where relevant):*** **EYFS GLD**
* **KS1 phonics score**
* **KS1 Teacher Assessment in Reading/Writing/Maths**
* **KS2 Reading/Writing/Maths with standardised scores**
* **KS3 current assessments**
* **KS4 current assessments/predictions**
* **Standardised assessments for Reading/Writing/Maths/working memory/BPVS and any others which demonstrate both the pupil’s strengths and difficulties within the areas of need identified.**
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| **Attendance for the last 12 months:**  |  | **Fixed term or permanent exclusions in the last 12 months? Provide details:** |  |
| **If the young person has been out of school, what impact has this had on them and their learning?** |  |

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| **SECTION 5: SUPPORTING EVIDENCE / DOCUMENTS** |

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| **Documents attached with this request for assessment /advice form** | **Mark with [X] if appended.** |
| One Page Profile (this **must** be attached) |[ ]
| Young Person Advice |[ ]
| Family Advice |[ ]
| Baseline Assessments |[ ]
| Pupil Progress data (this **must** be attached) |[ ]
| **Additional attachments/information/reports**:  |
| Any medical diagnoses |[ ]
| Copies of any Learning Plans, Intervention Plans, Provision Maps, Behaviour Support Plans and/or PSPs and recent reviews |[ ]
| Permanent Exclusion Paperwork |[ ]
| Copy of Annual Reviews (for reassessment requests)  |[ ]
| **Report received from** |
| County Inclusion Support Service (CISS) |[ ]
| Dyslexia Outreach Team (DOT) |[ ]
| Sensory and Communication Service |[ ]
| Psychology and Therapeutic Services |[ ]
| Alternative Tuition Service |[ ]
| Social Care / Early Help  |[ ]
| Youth Justice Service (previously Youth Offending Service) |[ ]
| Other (please specify) |

**This** **request for assessment needs to be supported by additional evidence. Only include reports completed in the last 18 months**

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| **SECTION 6: CHILD/YOUNG PERSON AND/OR PARENT/CARER CONSENT** |

**Who is signing this consent?**

[ ]  Young person

[ ]  Parent/carer with parental responsibility

I/We confirm that I/we have had the opportunity to read through/discuss the contents of this request for EHC Needs Assessment / Educational Advice.

I/We understand that:

* I/We will be contacted by the Local Authority when this request for assessment is received so I/we know the names and contact details of the Family Services Officer.
* I/We will be offered a meeting so that I/we can discuss my/our child’s strengths and needs and the additional support I/we consider may be needed.
* If I/we accept the offer of a meeting, I/we can choose who leads the meeting and suggest who attends, if they are available.
* I/We can decline the meeting and choose to send our written views and any other information by post.
* If an education health and care needs assessment is agreed this form will be used as the Educational Advice.
* Personal information about me/my child/children may be shared with other professionals who are or have been involved with me/my child, and the Local Authority will seek relevant information from them to help identify needs and decide what additional provision may be needed. Please indicate any exceptions.

[ ]  I am/we are in agreement with the information included in this form

[ ]  I/we agree to this request for an education, health and care needs assessment (where the request is being made by the education setting)

[ ]  I/we agree to an assessment by an educational psychologist if required in order to provide advice for this assessment.

**Young person:**

Signed................................................. Date......................................................

**Parent/Carers**

Signed................................................. Date......................................................

Signed................................................. Date......................................................

|  |  |
| --- | --- |
| **Name of person completing this form** |  |
| **Job title/role & Setting** |  |
| **Email address** |  |
| **Contact number/s** |  |
| **Signature** |  | **Date** |  |

**Once completed, please return this document securely to the relevant Family Services Team:**

Lowestoft & Waveney (Lowestoft Office): SENDLW@suffolk.gov.uk

Ipswich, Coastal & South Suffolk (Ipswich Office): SENDSS@suffolk.gov.uk

West & Central Suffolk (Bury St Edmunds Office):  SENDWS@suffolk.gov.uk