**SPECIALIST EDUCATION SERVICE (SES) ADVICE**

**Education, Health and Care (EHC) Needs Assessment**

**Guidance for completing advice 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** |

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| **DETAILS OF THE CHILD/YOUNG PERSON** |
| First name |  | Surname |  |
| Date of birth |  | Gender |  |
| Current school / educational setting |  |
| Year group |  | UPN |  |

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| **SECTION 2: BACKGROUND** |

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| **HISTORY OF INVOLVEMENT AND SUPPORT** |
| *Please include details of your previous or current involvement with and support for this child or young person and the difference this support has made.* |
| Assessments carried out & dates | Results |
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| If there are current plans or recent assessment reports for the child/young person, please also share these so they can be considered and included if an EHC Plan is required. *Please list documents shared:*  |
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| **SECTION 3: VIEWS OF THE CHILD/YOUNG PERSON****AND THEIR PARENTS/CARERS** |

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| **PERSON-CENTRED PLANNING** |  |
| I have received / had access to copies of the family advice and child views / young person advice  | Yes / No |
| I have received / had access to the child/young person’s One Page Profile | Yes / No |

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| **Has the child/young person and/or the family shared any information about their hopes and aspirations? Please share these below if known.**  *E.g. about their current and future schooling/education, play, friendships / relationships, health, independence.*  |
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| **SECTION 4: CHILD / YOUNG PERSON’S SPECIAL EDUCATIONAL NEEDS AND STRENGTHS, DESIRED OUTCOMES AND RECOMMENDED PROVISION** |

**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.**

**Progress is measured against agreed outcome targets. An outcome is something a child/young person will be able to know, understand or be able to demonstrate. Outcomes should be specific, measurable, achievable, realistic and time bound (SMART).**

**Consider medium term outcomes that will support the child/young person to progress towards achieving their long-term goals and meet their needs. Provide details of the provision required to support successful outcome achievement.**

**Outcomes in an EHCP are reviewed formally each year through an annual review.**

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| **Area(s) of Need Identified***Indicate the key area(s) of need that you are sharing information about below for the child/young person, from your service perspective only.**Please ensure each area selected has completed needs, desired outcomes and provision below* |
| Communication and interaction  |[ ]  Physical |[ ]
| Cognition and learning |[ ]  Sensory (Hearing / Visual Impairment) |[ ]
| Social, emotional and mental health |[ ]   |  |

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| **IDENTIFIED SPECIAL EDUCATIONAL NEEDS AND STRENGTHS***(From your service perspective only)* |
| **Strengths***What can the child/young person do well, what are they good at, where are they making good progress?* |  |
| **SEN & Impact**  What needs does the child/young person have / what are barriers to learning in this area, and what is impact on learning*?*  |  |

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| **Medium-term outcome** *(this should span their current key stage, or the next key stage where relevant)* |

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| **Recommended special educational provision – support needed to help the child/ young person achieve above outcomes***This could include teaching approaches, staffing arrangements and resources or programmes. Provision should be specific, detailed, and quantified)* | **Frequency***(how often, how many minutes/ hours, for how long)* | **Provided by***Who? Does the person delivering provision require any training?* |
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| **Medium-term outcome** *(this should span their current key stage, or the next key stage where relevant)* |

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| **Recommended special educational provision – support needed to help the child/ young person achieve above outcomes***This could include teaching approaches, staffing arrangements and resources or programmes. Provision should be specific, detailed, and quantified)* | **Frequency***(how often, how many minutes/ hours, for how long)* | **Provided by** |
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Outcome / provision boxes can be copied and pasted if more than two outcomes

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| --- | --- |
| **Name of person completing this form** |  |
| **Job title/role & team/ service** |  |
| **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