

Appendix 2

Advice for Statutory Needs Assessment From Further Education Setting (College)

For

(INSERT YOUNG PERSON’S NAME)

This form is to be completed and returned to the SEN area office.

Please note that all the information on this form will be copied to parents (for under 16’s), the young person and all agencies directly involved in the education of the child or young person.

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| 1. Child/Young Person’s personal details
 |
| Full Name: |  |
| DOB: |  | Current Year Group: |  |
| Gender at birth: | Male/Female |
| CIC: | Yes/No | If yes, to which LA? |  |
| NHS Number: |  |
| Young person’s address (including post code): |  |
| Young person’s tel no: |  |
| Young person’s email: |  |
| Young person’s consent to share information with their parents/carers? (If yes, complete contact details below) | Yes/No |
| Young person’s consent to share information with professionals? | Yes/No |
| Where consent has been given to share information with the parents/carers, please provide their contact details below? |
| Parent/carer name: *(lead parent for contact)* |  | Address: *(if different from above)*Tel No: *(if different from above)* |
| Details of any requirements to support engagement or communication: | e.g. accessibility, intervener, interpreter |
| Indicate if information sharing restrictions are in place and if yes, please state what these are: | Yes/No |
| Are any of the parents/carers serving members of the armed forces? | Yes/No |

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| 1. Setting context
 |
| Name & address of Further Education Setting the Young Person is currently on roll to: |  |
| If young person joined in last 18 months give name & address of Education Setting previously attended: |  |

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| 1. Background
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| *Only factors which relate to the young person’s educational needs require comment, and any relevant family background information must be factual.* |
| How has the young person engaged in this process?  |
| Relevant family/background facts: |
| Are there any known health/medical conditions that impact on the young person’s SEN? |
| Is the young person open to social services? | Yes/NoIf yes, please state date of referral |
| Is the young person receiving any therapy related to SEN identified? | Yes/NoIf yes, please state SALT, OT, Physio, CYPMHS, other, and attach report |
| Is the young person open to Continuing Health Care service? | Yes/NoIf yes, please attach report |
| Is the young person open to the Computer Assistive Technology (CAT) service? | Yes/NoIf yes, please attach report |
| Is there an individual Risk Assessment or Behaviour Support Plan in place? | Yes/NoIf yes, please attach report |

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| Attendance |
| Overall attendance rate at date of review for this academic year: | % |
| Overall attendance rate for last academic year: | % |
| What actions have been taken to support improving their attendance? |
| Where the young person receives any of their education off-site for any part of the week, please state where they attend for how long (in hours?)  |

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| 4. Evidence of the relevant and purposeful action the setting has taken to meet is best endeavours duty |
| What meetings have you have had with the young person in the last 12 months to discuss and review their SEND support requirements?  |
| Is there a personalised support plan for the young person and what is the impact? |
| Does the young person have any diagnoses? If yes, please specify: | Yes/No |
| Does the young person have identified needs or needs that are currently being explored? If yes, please specify: | Yes/No |
| For FE pupils 19+ are you receiving funding through the ESFA Adult Education Budget? If so, how much? | Yes/No |

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| 5. External Agency Involvement |
| Name of professional and external agency | Date of last involvement |
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| Details of recommendations and implementation | Evidence of impact |
|  |  |
| Name of professional and external agency | Date of last involvement |
|  |  |
| Details of recommendations and implementation | Evidence of impact |
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| 6. Academic attainment |
| Course/Subject  | Level | Predicted Grade | On track to Achieve | Comments |
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| Summary/comments on progress: |
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| 1. Description of the young person’s current special educational needs

Please complete all sections or state if not applicable (N/A) |
| Communication and Interaction (C&I) – *e.g. ASD, articulation, fluency, willingness to communicate, vocabulary, understanding and language structure. Additional language/s spoken. Social skills and interaction – EY, school, home, within the community.* |
| Brief description, information and assessments: |
| Strengths/Progress: |
| Difficulties: |

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| Cognition and learning (C&L) – *e.g. Dyslexia, approaches and attitudes to learning, reasoning, organisational skills, problem solving skills and independent learning.* |
| Brief description, information and assessments: |
| Strengths/Progress: |
| Difficulties: |

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| Social, Emotional and Mental Health needs (SEMH) – *e.g. ADHD, ADD, self-image, confidence, anxiety, motivational factors, engagement with learning, pre-school/classroom/playground behaviour, behaviours outside setting (reported or observed).* |
| Brief description, information and assessments: |
| Strengths/Progress: |
| Difficulties: |

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| Physical and/or Sensory difficulties – *e.g. motor skills, coordination, hearing or visual difficulties, daily living skills and self-help.*  |
| Brief description, information and assessments: |
| Strengths/Progress: |
| Difficulties:  |

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| 1. Outcomes that are suggested for the young person *(at least one for each area of need and at least one to support any period of transition – generally three or four in total)*
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| If you have not provided personalised plans, please list outcomes for education: |
| Where outcomes have been recommended by another professional, please record here: |
| Outcome | Name of Professional | Which Agency |
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| 1. Other information
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| *Please list all the documents you have attached as relevant evidence to support this application.* |
| *Document type/author:* | *Date:* |
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| 10.Contact completing this report |
| Name (in caps): |  |
| Designation/Job title: |  |
| Telephone No: |  | Email: |  |
| Signature: |  | Date: |

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| Please return completed Appendix together with allsupporting reports to: |
| ****East Kent**** | Brook House, Reeves Way, Whitstable, Kent, CT5 3SSTel: 03000 41 99 94 Email: sendassessmentteam@kent.gov.uk |
| North Kent | Joynes House, New Road, Gravesend, Kent, DA11 0ATTel: 03000 41 99 94Email: sendassessmentteam@kent.gov.uk |
| ****South Kent**** | Kroner House, Eurogate Business Park, Ashford, Kent, TN24 8XUTel: 03000 41 99 94 Email: sendassessmentteam@kent.gov.uk |
| ****West Kent**** | Worrall House, 30 Kings Hill Avenue, West Malling, Kent, ME19 4AETel: 03000 41 99 94Email: sendassessmentteam@kent.gov.uk |