

Advice and Information for Statutory Needs Assessment from Education Setting (School)

For

(INSERT CHILD/YOUNG PERSON’S NAME)

Appendix 2

SEND Regulations 2014.

Information and advice to be obtained of EHC Needs Assessments

6.—(1) Where the local authority secures an EHC needs assessment for a child or young

person, it must seek the following advice and information, on the needs of the child or young

person, and what provision may be required to meet such needs and the outcomes that are

intended to be achieved by the child or young person receiving that provision.

Duty to co-operate in EHC needs assessments

8.—(1) Where a local authority requests the co-operation of a body in securing an EHC needs

assessment in accordance with section 31 of the Act, that body must comply with such a request

within 6 weeks of the date on which they receive it.

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 | | | | | |
| Which gender does the child/young person identify with if different from above? | Male/Female/  gender neutral | | | | Is the child/young person gender transitioning?  Yes/No | |
| Pupil Premium: | Yes/No | Child in Care (CiC): | | | | Yes/No |
| EAL: | Yes/No | Is a translator required: | | | | Yes/No |
| NHS Number: |  | | | | | |
| Address: |  | | | | | |
| Tel No: |  | | Email: | |  | |
| Parent/carer name:  *(lead parent for contact)* |  | | | | Address:  *(if different from above)*  Tel No:  *(if different from above)* | |
| Details of any parental 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 EY provider/ School/College/Setting the child/young person is currently on roll to. State if dual-rolled or in alternative provision and the date of placement: | |  | |
| Type of setting:  *e.g. pre-school /primary/secondary/FE* | |  | |
| Date child/young person joined EY provider/school/setting: | |  | |
| If child/young person joined in last 18 months give name & address of school/setting previously attended: | |  | |
| Number on roll: |  | % SEN on roll: |  |

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| 1. Background | |
| *Only factors which relate to the child/young person’s educational needs require comment, and any relevant family background information must be factual.* | |
| How has the child/young person and/or parents/carers engaged in this process? | |
| Relevant family/background facts: | |
| Are there any known health/medical conditions that impact on the child/young person’s SEN? | |
| Early Help: Is this child/young person receiving Early Help? | Yes/No  If yes, please attach the referral and state level of support. |
| Social Services: Is the child/young person open to Social Services? | Yes/No  If yes, please state date of referral.  If No have you offered information regarding Social Services?  The link for this is <https://www.kscb.org.uk/__data/assets/pdf_file/0003/80373/SLG-sheet-v13.pdf> |
| Is the child/young person receiving any therapy related to SEN identified? | Yes/No  If yes, please state SALT, OT, Physio, CYPMHS, other, and attach report. |
| Is the child/young person open to Continuing Health Care service? | Yes/No  If yes, please attach report. |
| Is the child/young person open to the Computer Assistive Technology (CAT) service? | Yes/No  If yes, please attach report. |
| Is the child/young person open to Specialist Teaching Service (STLS)? | Yes/No  If yes, please attach report. |
| Is there an individual Risk Assessment or Behaviour Support plan in place? | Yes/No  If yes, please attach report. |

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| Exclusions and Attendance | |
| Overall attendance rate at date of review for this academic year: | % |
| Overall attendance rate for last academic year: | % |
| Does the child/young person receive any of their education off-site for any part of the week? | Yes/No |
| If yes, please state where they attend and for how much time (in hours): | |
| Is the child/young person on a reduced timetable? | Yes/No |
| If yes, please state hours attending and what plans are in place to re-integrate to full time: | |
| If yes, please attach a copy of their record of exclusions including reasons and length of fixed term exclusions. | |

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| 4.1 Evidence of the relevant and purposeful action the setting has taken to meet is best endeavours duty | |
| Pre-school | |
| Please state how many meetings you have had with the child’s parents/carers to discuss and review the support in place and the progress the child is making towards achieving their outcomes: | |
| Is a SENIF package in place for this child? | Yes/No |
| If yes, please give total amount and date awarded: | £ |
| Describe how the funding is used to support the child: | |

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| 4.2 Evidence of the relevant and purposeful action the setting has taken to meet is best endeavours duty | |
| School age | |
| Is the child/young person receiving SEN Support? | Yes/No |
| When were they first recorded as receiving SEN Support? | Date |
| Does the child/young person have identified needs or needs that are currently being explored?  If yes, please specify: | Yes/No |
| Does the child have any diagnoses?  If yes, please specify: | Yes/No |
| Is there a personalised plan in place for the child/young person, and has it been reviewed across a minimum of three cycles of Assess Plan Do Review?  If yes, please attach. | Yes/No |
| If no, how are the child/young person’s needs being met through the setting’s core offer? | |
| Has the setting sought advice through the Local Inclusion Forum Team (LIFT)?  If yes, please provide outcome form(s). | Yes/No |
| How has the school engaged with the parents/carers/young person? Please provide dates of meetings held over the last 12 months: | |
| Please tell us what additional support you consider is required in addition to the provision you have put in place, which you believe the school is unable to make via reasonable adjustments and/or via High Needs Funding (HNF) or Pupil Premium if applicable: | |
| If HNF has been awarded, please give total amount and date of award: | Yes/No  Date |

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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 |
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| 6a. Attainment and Progress – Early Years Foundation Stage (EYFS) | | |
| For pupils in EYFS – attainment and progress check at age 2.  Portage Profile.  For pupils in KS1 - Summary of Early Years Foundation Stage Profile. |  | |
| Please explain how your setting measures progress. | | |
| Please describe the child/young person’s progress since joining your setting and how this compares to peers with similar starting points. | | |
| 6b. Attainment and Progress – School Age | | |
| Attainment by subject | End of Previous KS | Current Attainment (at time of request) |
| English: |  |  |
| Reading: |  |  |
| Writing: |  |  |
| Mathematics: |  |  |
| KS4 accreditation gained: *(GCSE/BTEC 2)* |  | |
| KS5 accreditation gained: (*A Level/BTEC3)* |  | |
| Any other accredited or non-accredited programmes of study: |  | |
| List any other standardised assessment information such as Reading Age etc. not previously recorded: |  | |

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| 1. Description of the child/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 child/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)* | | | | |
| If you have not provided personalised plans, please list suggested outcomes for education: | | | | |
| Intervention Specify what type of intervention is needed and for what area of need e.g. C&L, C&I, SEMH, S&P. | Frequency/duration Specify the minimum time needed/how many times a day or week/over how many weeks. | | Who to deliver Specify who will need to deliver this i.e. Qualified Teacher or TA/LSA/HLTA overseen by a Qualified Teacher. | |
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| Please suggest any strategies or resources for the child/young person: | | | | |
| Where outcomes have been recommended by another professional, please record here: | | | | |
| Outcome | | Name of Professional | | Which Agency |
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| 1. Other information | |
| *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 all supporting reports to: | |
| Via email (preferred) | [sendassessmentteam@kent.gov.uk](mailto:sendassessmentteam@kent.gov.uk) |
| Via post: | Kroner House, The Eurogate Business Centre, Ashford, Kent TN24 8XU |