

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

for

(INSERT CHILD’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 with reference to the Guidance notes and returned to the SEN area office.

Please note that all the information on this form will be copied to parents and all agencies directly involved in the education of the child.

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| 1. Child’s personal details | | | | | | |
| Full Name: |  | | | | | |
| DOB: |  | | | Expected school entry date: | |  |
| Gender at birth: | Male/Female | | | | | |
| Child in Care (CiC): | Yes/No | | | | | |
| EAL: | Yes/No | Is a translator required: | | | | Yes/No |
| NHS Number: |  | | | | | |
| Address: |  | | | | | |
| Tel No: |  | | Email: | |  | |
| Parent/carer name: | Address: | | | | Tel No: | |
| Parent/carer name: | Address: | | | | Tel No: | |
| Indicate if information sharing restrictions are in place and if yes, please state what these are: | | | | | Yes/No | |
| Details of any parental requirements | e.g. accessibility, intervener, interpreter | | | | | |
| 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 where the child is currently on roll. State if dual-rolled (Specialist Nursery Intervention) or attending another provision, including child minder: | |  | | | |
| Type of settings:  *e.g. pre-school /day nursery / childminder* | |  | | | |
| Date child joined EY provision: | |  | | | |
| If child joined in last 6 months give name & address of EY provision previously attended: | |  | | | |
| Number of children on roll: |  | Number of children with SEND who have: | Targeted Plans | Personalised Plans | Education Health & Care Plans |
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| 1. Background | | |
| *Only factors which relate to the child’s educational needs require comments. Any relevant family background information must be factual.* | | |
| How have the parents/carers engaged in this process? | | |
| Relevant family/background facts: | | |
| Are there any known health/medical conditions that impact on the child’s SEN? | | |
| Early Help: Is this child’s family receiving Early Help? | Yes/No  If yes, please attach the referral and state level of support. | |
| Social Services:  Is the child open to Social Services? | Yes/No  If yes, please state date of referral. | |
| Is the child known to Portage: | Yes /No | Please attach relevant reports |
| If yes, please state when they started receiving Portage and when it finished. | | |
| If yes what type of support did they access? (i.e. Portage Pre-school Group and/ or Home Learning Sessions) | | |
| Is the child receiving any therapy related to their identified SEN? | Yes/No  If yes, please state Speech & Language Therapy, Occupational Therapy, Physiotherapy, CYPMHS, other, and attach reports. See section 5. | |
| Is the child open to Continuing Health Care service? | Yes/No  If yes, please attach report. See section 5. | |
| Is the child open to the Computer Assistive Technology (CAT) service? | Yes/No  If yes, please attach report. See section 5 | |
| Is the child open to the Specialist Teaching & Learning Service (STLS)? | Yes/No  If yes, please attach report / record of visit. See section 5 | |
| Is there an individual Risk Assessment and / or Behaviour Support plan in place? | Yes/No  If yes, please attach. | |

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| Attendance | |
| Child’s eligible / funded hours: |  |
| Child’s actual hours of attendance: |  |
| Regular / Irregular attendance: |  |
| Reasons for discrepancy in child’s hours attended: |  |
| Outline any plans to increase child’s hours to full entitlement : |  |

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| 4.1 Evidence of the relevant and purposeful action the setting has taken to meet is best endeavours duty | |
| Early Years Provision | |
| 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 agreed: | £ |
| Is the setting in receipt of Disability Access (DAF) for the child? | Yes / No |
| Is the setting in receipt of Early Years Pupil Premium (EYPP)? | Yes / No |

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| 4.2 Evidence of the relevant and purposeful action the setting has taken to meet is best endeavours duty | |
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| What identified special educational needs are currently being explored? | |
| Does the child have any diagnoses?  If yes, please specify: | |
| What identified needs are a barrier to the child’s learning (including Health related barriers)? | |
| Is there a Personalised Plan in place for the child and has it been reviewed every two terms?  If yes, please attach. | Yes/No |
| If no, how are the child’s needs being met through the setting’s core offer? | |
| Has the setting sought advice through the Early Years Local Inclusion Forum Team (LIFT)?  If yes, please state the outcome of the discussions. | Yes/No |

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| 5.External agency involvement | |
| Name of professional and external agency (e.g. Physiotherapy, Occupational Therapy, Speech & Language Therapy ) | Date of last involvement |
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| Details of recommendations and implementation | Evidence of impact |
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| 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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| 6. Attainment and Progress – Early Years Foundation Stage (EYFS) | |
| Attainment and Progress Check at age 2 (if available) and current attainment levels (including starting points)  Portage Profile. |  |

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| 1. Description of the child’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. Different forms of communication. Play skills. Social skills and interaction – Pre-school, home, within the community.* |
| Brief pen picture of the child’s needs in relation to their communication and interaction needs: |
| Strengths/Progress (bullet points): |
| Barriers to learning (bullet points): |

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| Cognition and learning (C&L) – *e.g. approaches and attitudes to learning, reasoning, organisational skills, problem solving skills, critical thinking, creativity and perseverance.* |
| Brief pen picture of the child’s needs in relation to their cognition and learning needs: |
| Strengths/Progress (bullet points): |
| Barriers to learning (bullet points): |

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| Social, Emotional and Mental Health needs (SEMH) – *e.g. Self-image, confidence, resilience, anxiety, motivational factors, engagement with learning, pre-school/outdoor behaviour, behaviours outside setting (reported or observed).* |
| Brief pen picture of the child’s needs in relation to their social, emotional and mental health needs: |
| Strengths/Progress (bullet points): |
| Barriers to learning (bullet points): |

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| Physical and/or Sensory difficulties – *e.g. motor skills, coordination, hearing or visual difficulties, sensory sensitivities, daily living skills and self-help.* |
| Brief pen picture of the child’s needs in relation to their physical and or sensory needs: |
| Strengths/Progress (bullet points): |
| Barriers to learning (bullet points): |

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| 1. Outcomes that are suggested for the child (these would usually be prepared collaboratively with advice from STLS) *(at least one for each area of need and at least one to support any period of transition )* | | | | |
| From your Personalised Plans, please list suggested outcomes for education: | | | | |
| Current intervention Specify what type of intervention is needed and for what area of need e.g. C&L, C&I, SEMH, P&S. | Frequency/duration Specify the minimum time needed/how many times a day or week/over how many weeks. | | Who currently delivers this in your setting e.g. SENCo or keyperson, monitored by the SENCo | |
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| Please suggest any strategies or resources that have been beneficial for the child: | | | | |
| Where outcomes have been recommended by another professional, please record here (e.g. Speech & Language Therapist): | | | | |
| 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 including The Best Practice Guidance relevant Audit Tools* | |
| *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: | |
| ****East Kent**** | Brook House, Reeves Way, Whitstable, Kent, CT5 3SS Tel: 03000 41 99 94  Email: [sendassessmentteam@kent.gov.uk](mailto:sendassessmentteam@kent.gov.uk) |
| North Kent | Joynes House, New Road, Gravesend, Kent, DA11 0AT Tel: 03000 41 99 94  Email: [sendassessmentteam@kent.gov.uk](mailto:sendassessmentteam@kent.gov.uk) |
| ****South Kent**** | Kroner House, Eurogate Business Park, Ashford, Kent,  TN24 8XU Tel: 03000 41 99 94  Email: [sendassessmentteam@kent.gov.uk](mailto:sendassessmentteam@kent.gov.uk) |
| ****West Kent**** | Worrall House, 30 Kings Hill Avenue, West Malling, Kent,  ME19 4AE Tel: 03000 41 99 94  Email: [sendassessmentteam@kent.gov.uk](mailto:sendassessmentteam@kent.gov.uk) |