

Appendix 5

Advice for Statutory Needs Assessment from Educational Psychology

for

(INSERT CHILD/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 16s), the young person and all agencies directly involved in the education of the child or young person.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Child/Young Person’s Personal Details | | | | |
| Full name |  | | | |
| Date of Birth |  | | Current year group |  |
| Chronological age at assessment |  | | | |
| Gender |  | | | |
| Child in Care | Yes/No | Name of Local Authority | |  |
| English as an additional language | Yes/No | If ‘Yes’ what is the home language?  Is a translator required? | |  |
| Address |  | | | |
| Parent/person with parental responsibility |  | | | |
| Relationship |  | | | |
| Address: *(if different from above)* |  | | | |
| Telephone | Email | | | |
| Parent/person with parental responsibility |  | | | |
| Relationship |  | | | |
| Address *(if different from above)* |  | | | |
| Telephone | Email | | | |
| Details of any parental requirements to support engagement or communication | e.g. accessibility, intervener, interpreter | | | |

|  |  |
| --- | --- |
| 1. Information Sources for Advice | |
| This advice is based on: | |
|  | |
| 1. Views and Aspirations | |
| Child/Young Person’s View | |
|  | |
| Parents/Carers’ View | |
|  | |
|  | |
| 1. Current Situation, Needs, Outcomes and Provision | |
| Communication and Interaction | |
| What is going well? | |
|  | |
| What are the barriers to learning? | |
|  | |
| Suggested outcome/s | |
|  | |
| Strategies | |
|  | |
| Intervention/s | Frequency and Staffing |
|  |  |
| Cognition and Learning | |
| What’s going well? | |
|  | |
| What are the barriers to learning? | |
|  | |
| Suggested outcome/s | |
|  | |
| Strategies | |
|  | |
| Intervention/s | Frequency and Staffing |
|  |  |
| Social, Emotional and Mental Health | |
| What’s going well? | |
|  | |
| What are the barriers to learning? | |
|  | |
| Suggested outcome/s | |
|  | |
| Strategies | |
|  | |
| Intervention/s | Frequency and Staffing |
|  |  |
| Physical and Sensory | |
| What’s going well? | |
|  | |
| What are the barriers to learning? | |
|  | |
| Suggested outcome/s | |
|  | |
| Strategies | |
|  | |
| Intervention/s | Frequency and Staffing |
|  |  |
|  | |
| 1. Current Understanding of Needs | |
|  | |
|  | |
| 1. Assessment Results | |
|  | |

|  |  |
| --- | --- |
| 7. Person/Persons Completing this Report | |
| Name(s) |  |
| Job Title |  |
| Health Care Professions Council Registration |  |
| Signature(s) |  |
| Email |  |
| Work Address |  |
| Postcode |  |
| Telephone Number |  |
| Date of Report |  |
| Cc | SEN; Home |
| No of Pages | (including cover sheet) |
| Word Count |  |