

Appendix 7

Advice for Statutory Needs Assessment from Other Professional

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 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
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| 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 | CiC: | Yes/No |
| EAL: | Yes/No | Is a translator required? | Yes/No |
| NHS Number: |  |
| Address: |  |
| Tel No: |  | Emai:l |  |
| 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. See Appendix 2 for suggested educational Outcomes

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| Have you provided advice to the school? | Yes/NoIf no, please complete information below |
| Please record your recommendations for specialist service outcomes, strategies and interventions to meet any or all of these.  |

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| 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.* |
| Outcome: |
| Intervention: Specify what direct/Indirect support from Specialist is needed | Frequency/duration :Specify when and for how long. Indicate if a reduction is needed during the year | Who to deliver: Specify intention to link to other practitioner support ie integrated support or class teacher/joint assessment |
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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.* |
| Outcome: |
| Intervention: Specify what direct/Indirect support from Specialist is needed | Frequency/duration: Specify when and for how long. Indicate if a reduction is needed during the year | Who to deliver: Specify intention to link to other practitioner support ie integrated support or class teacher/joint assessment |
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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).* |
| Outcome: |
| Intervention: Specify what direct/Indirect support from Specialist is needed | Frequency/duration: Specify when and for how long. Indicate if a reduction is needed during the year | Who to deliver: Specify intention to link to other practitioner support ie integrated support or class teacher/joint assessment |
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| Physical and/or Sensory difficulties – *e.g. motor skills, coordination, hearing or visual difficulties, daily living skills and self-help.* |
| Outcome: |
| Intervention: Specify what direct/Indirect support from Specialist is needed | Frequency/duration :Specify when and for how long. Indicate if a reduction is needed during the year | Who to deliver: Specify intention to link to other practitioner support ie integrated support or class teacher/joint assessment |
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| 1. If the previously agreed Outcomes require amending or adding to, please record your recommendations here
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| Outcome: |
| Recommended change:  |
| Reason for change: |
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| Outcome: |
| Recommended change:  |
| Reason for change: |

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| 1. Other information
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| Please provide any additional relevant evidence or advice: |
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| 5.Contact(s) completing this report |
| Name(s)( in caps):  |  |
| Designation/Job title: |  |
| Telephone No: |  | Email: |  |
| Work Address including postcode: |  |
| Relevant Qualification:  |   |
| Date professional involvement began: |  |
| Level of involvement: |  |
| 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 42 11 60Email: SENEast@kent.gov.uk |
| North Kent | Joynes House, New Road, Gravesend, Kent, DA11 0ATTel: 03000 41 99 94Email: SENNorth@kent.gov.uk |
| ****South Kent**** | Kroner House, Eurogate Business Park, Ashford, Kent, TN24 8XUTel: 03000 41 99 94Email: SENSouth@kent.gov.uk |
| ****West Kent**** | Worrall House, 30 Kings Hill Avenue, West Malling, Kent, ME19 4AETel: 03000 41 99 94Email: SENWest@kent.gov.uk |