

**Request for Education, Health and Care Needs Assessment – Professional Referral**

**Professionals’ form to request an EHC needs assessment.**

Please ensure you have completed all sections and included all of the required paperwork and consent forms before returning this referral.

If you are a parent or young person who would like to make a request, please do not use this form. A parental/ young person referral form can be found on our Local Offer.

Other services (e.g. health and social care professionals, youth offending teams, or probation services) are able to bring the needs of a child/ young person to our attention using the Notification Pathway that can be found on our Local Offer.

Please return this form with all supporting documents to: EEYservice@cityoflondon.gov.uk

Request checklist:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Included? |  | Included? |
| Parental/ Carers/ Young Person’s agreement to assessment |[ ]  Progress/ Attainment Data |[ ]
| All relevant assessments/ observations/ reports and diagnosis |[ ]  Attendance Record |[ ]
| Provision Map showing three waves of support |[ ]  Personal Support Plan or other planning documents (with reviews over at least 2 terms) |[ ]
| The views, interests and aspirations of the child and parents, or young person |[ ]  Costings, showing additional spend above the Element 2 funding.  | [ ]   |

Information of person making the request:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Telephone Number |  |
| Agency |  | Email address |  |
| Role |  |  |

2. C/YP Personal Information

Name

|  |
| --- |
|  |

Date of Birth

|  |
| --- |
|  |

Gender

|  |
| --- |
|  |

Ethnicity

|  |
| --- |
|  |

Language Spoken at home

|  |
| --- |
|  |

Is the Child/ Young person a Looked After Child

|  |
| --- |
|  |

Care Authority

|  |
| --- |
|  |

Educational Setting and address

|  |
| --- |
|  |

Name of Parent/ Carer with parental responsibility

|  |
| --- |
|  |

Relationship to child/ young person

|  |
| --- |
|  |

Contact Number

|  |
| --- |
|  |

Email Address

|  |
| --- |
|  |

Address if different from the child/ young person

|  |
| --- |
|  |

Address

|  |
| --- |
|  |

Contact Number (If 16 or over)

|  |
| --- |
|  |

Religion

|  |
| --- |
|  |

Interpreter Required?

|  |
| --- |
| [ ]  yes [ ]  no |

UPN Number

|  |
| --- |
|  |

NHS Number

|  |
| --- |
|  |

National Curriculum Year Group (Please indicate if out of year group)

|  |
| --- |
|  |

Date started at Education Setting

|  |
| --- |
|  |

Name of Parent/ Carer with parental responsibility

|  |
| --- |
|  |

Relationship to child/ young person

|  |
| --- |
|  |

Contact Number

|  |
| --- |
|  |

Email Address

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| --- |
|  |

Address if different from the child/ young person

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| --- |
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Attendance

|  |  |  |  |
| --- | --- | --- | --- |
|  | Possible Attendance (Number of sessions/ hours per week) | Actual Attendance (Number of session/ hours per week) | Percentage Attended |
| Current Academic Year |  |  |  |
| Previous Academic Year |  |  |  |

Family Support

Support the Family Receives

|  |  |  |
| --- | --- | --- |
| Name and Relationship | Type of Support Given | Frequency of Support |
| *(Example J. Doe – Grandparent)* | *(Helps with picking up and dropping off to school)* | *(twice a week)* |
|  |  |  |
|  |  |  |
|  |  |  |

GP Details

|  |  |  |
| --- | --- | --- |
| GP’s Name | GP’s Address | NHS Number |
|  |  |  |

3. Involvement of Other Agencies

Please indicate all of the following that apply

|  |  |
| --- | --- |
| Continuing Care |[ ]  Early Help Family Support Plan |[ ]
| Adopted/ Special Guardianship |[ ]  Early Years Pupil Premium |[ ]
| Looked after child/ care leaver |[ ]  Pupil Premium |[ ]
| Child Protection plan |[ ]  Disability Access Fund |[ ]
| Child in Need plan |[ ]  Child or an armed service personal |[ ]
| Disability Living Allowance |[ ]   |

Professionals who have or are working with the C/YP and their family

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agency/ Role | Name | Current Involvement? | Email Address | Phone Number | Report Included? |
|  |  |[ ]   |  |[ ]
|  |  |[ ]   |  |[ ]
|  |  |[ ]   |  |[ ]
|  |  |[ ]   |  |[ ]
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|  |  |[ ]   |  |[ ]
|  |  |[ ]   |  |[ ]
|  |  |[ ]   |  |[ ]

4. Wishes and Aspirations of the CYP and their Family

**CYP Views**

|  |
| --- |
| **Hobbies and Interests – *What do you enjoy doing? What are you good at? Where do you go to do these things? Is there anything that stops you doing these things?*** |
|  |

|  |
| --- |
| **Education– *What do you like about school/ college? What are you good at? What do you find difficult? What helps you learn?*** |
|  |

|  |
| --- |
| **Aspirations – *What are your goals for your future?***  |
|  |
| **Difficulties– *What do you find difficult? Is there anything that makes you feel stressed of worried? What do you feel you need help with?***  |
|  |

|  |
| --- |
| **Communication – *How do you like information to be shared with you? (This could be through talking, small groups, pictures, signing, using technology, etc)*** |
|  |
| ***How can we involve you in the decision making and make sure your voice is understood?*** |
|  |

Parent/ Carer’s Views

What are your child’s strengths/ weaknesses in the following areas?

|  |  |
| --- | --- |
|  | Knowledge, skills and understanding |
| Strength |   |
| What could be improved? |  |

|  |  |
| --- | --- |
|  | Communicating with others and joining in  |
| Strength |  |
| t could be improved? |  |

|  |  |
| --- | --- |
|  | Physical Skills |
| Strength |  |
| t could be improved? |  |

|  |  |
| --- | --- |
|  | Making friends and appropriately showing their feelings |
| Strength |  |
| t could be improved? |  |

What are the aspirations for the child/ young person’s future?

|  |
| --- |
| In the next 12 months |
|  |
| What skills will they need to develop? |
|  |

|  |
| --- |
| In the next 5 years |
|  |
| What skills will they need to develop? |
|  |

|  |
| --- |
| As an adult? |
|  |
| What skills will they need to develop? |
|  |

CYP’s History

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| --- |
| Please briefly outline the CYP’s history, including any relevant information regarding their educations, health or care needs. This information should include information from the family of the CYP and any professionals who have previously worked with them.  |
|  |

Reasons for Requesting an EHC Needs Assessment

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| Please briefly outline your reasons why you feel an EHC needs assessment and EHC Plan is required to meet the needs of the child or young person.  |
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5. Special Education Needs

Please order the most significant needs, with 1 being the most significant.

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| --- | --- | --- |
| Area of Need | Diagnosis? | Rank of Need |
| Cognition and Learning | Moderate Learning Needs |  |  |
| Specific Learning Needs |  |  |
| Severe Learning Needs |  |  |
| Profound and Multiple Learning Needs |  |  |
| Communication and Interaction | Speech and Language Needs |  |  |
| Autistic Spectrum Condition |  |  |
| Social and Communication Needs |  |  |
| Social, Emotional and Mental Health | Social Needs |  |  |
| Emotional Needs |  |  |
| Other SEMH Needs |  |  |
| ADD/ ADHD |  |  |
| Physical/ Sensory/ Medical | Physical Needs |  |  |
| Visual Impairment |  |  |
| Hearing Impairment |  |  |
| Medical Needs |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Need | Please provide details of the Special Education Needs the CYP has in this area | Barriers this is creating to learning | What support is already in place (e.g. Early Help/ Targeted interventions) |
| Cognition and Learning | Strengths: Special Educational Needs:  |  |  |
| Communication and Interaction | Strengths: Special Educational Needs:  |  |  |
| Social, Emotional and Mental Health Needs | Strengths: Special Educational Needs:  |  |   |
| Independence and Self-Care | Strengths: Special Educational Needs:  |  |  |
| Physical, Sensory and Health Needs | Strengths: Special Educational Needs:  |  |  |

Evidence of a Graduated Response

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Assessment** (Please describe the assessments made and the outcomes of these) | **Planning** (Describe what plans were put in place in response to the assessments to meet the SEND need) | **Outcomes/ Review** (What impact did the intervention/ support have on the CYP’s achievement? Please provide evidence of impact. | **Costings** (What was the cost of the provision put in place?) |
| **Cycle 1** of Graduated Assess/ Plan/ Do/ Review |  |   |  |  |
| **Cycle 2** of Graduated Assess/ Plan/ Do/ Review |   |  |  |  |
| Total Cost of Provision Given |  |

6. Education

Please complete as appropriate.

Phonics Screening Check

|  |  |  |
| --- | --- | --- |
|  | Score out of 40 | Did the CYP score at or above the expected standard? |
| Year 1 Results |  | [ ]  Yes[ ]  No |
| Year 2 Results (if taken) |  | [ ]  Yes[ ]  No |

KS1 – Teacher Assessment

|  |  |  |
| --- | --- | --- |
|  | Attainment | Key Standard if working at Below Expected |
| Reading |  |  |
| Writing |  |  |
| Mathematics |  |  |

KS2 – Tests and Teacher Assessment

|  |  |  |
| --- | --- | --- |
|  | Attainment | Key Standard if working at Below Expected |
| Reading (Test Scaled Score)  |  |  |
| Reading (Teacher Assessment) |  |  |
| Writing (Teacher Assessment) |  |  |
| Grammar, Punctuation and Spelling (Test Scaled Score) |  |  |
| Mathematics (Scaled Score) |  |  |
| Mathematics (Teacher Assessment) |  |  |

KS3 and KS4

|  |  |  |
| --- | --- | --- |
| Curriculum Area and Core Subjects | Teacher Assessment and Grade | Formal Assessment and Grade |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Post 16

|  |  |  |
| --- | --- | --- |
| Curriculum Area and Core Subjects | Teacher Assessment and Grade | Formal Assessment and Grade |
|  |  |  |
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|  |  |  |
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Please provide score/ results given from any standardised tests given by any other professional (e.g. Ed Psych, Speech and Language, etc).

|  |  |  |  |
| --- | --- | --- | --- |
| Standardised Test | Date | Percentile | Age Equivalent |
|  |  |  |  |
|  |  |  |  |
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7. Health Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Disability/ Diagnosis/ Known Condition/s | Diagnosed of Under Investigation? | Date of Diagnosis | Name of Professional who Diagnosed | Is Medication Required? | Is Medication Taken During School/ College Hours? |
|  |   |  |  |  |  |
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| --- | --- |
| Does the medical condition pose a risk to the CYP or to others? *(If yes, please describe in the box below)* | [ ]  Yes[ ]  No |
|   |

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| --- |
| If currently receiving medical treatment, please describe here |
|  |

8. Social Care Details

|  |  |
| --- | --- |
| Are Social Care currently involved with the family? *(If yes, please detail in the box below the statutory/ legal measures that are in place).* | [ ]  Yes[ ]  No |
|  |
| If appropriate; name of Social Worker supporting the family |  |

**9. Consent**

**As part of an EHC Needs Assessment, the City of London are required to contact agencies working with your child, as well as other agencies which could support the assessment process. Please tick the following boxes to confirm that you give consent to the City of London sharing information with the following purposes:**

[ ]  to gather information and evidence to aid us to decide about whether to carry out an Education Health Care (EHC) needs assessment

[ ]  to share information as part of an EHC needs assessment

[ ]  to share information as part of an annual review of an EHCP

[ ]  to share information where a learning delay may be discovered with the CCG/GP in order that an annual health check can be carried out.

[ ]  to disclose the EHCP and any supporting information to agencies and individuals who are responsible for commissioning or delivering provision as set out in the EHCP.

|  |
| --- |
| I agree to the request for assessment of my child. |
| Name |  |
| Relationship to CYP |  |
| Signature |  |
| Date |  |