**Guidance:** This information is sought in accordance with the Children and Families Act 2014. In the first instance all educational settings are required to use their best endeavours and SEN notional budget to meet the needs of children and young people identified with Special Educational Needs. Settings should refer to the **EHC Needs Assessment application guidance** document when submitting an application. In applying for an EHC Needs Assessment, the educational setting must provide evidence of the following (where appropriate):

* Parent/carer involvement – discussions around how best to support the child/young person to achieve their outcomes;
* The views, wishes and aspirations of the child/young person and parent/carer – this could be the One and Only form or a similar document you might like to share;
* A copy of the child/young person's additional support plan which demonstrates the **assess, plan, do, review cycle**

provided for them under SEN Support as indicated in Chapter 6 of the SEND Code of Practice 2015;

* Educational assessments of the child/young person's areas of need completed by the setting as part of the cycle;
* The outcomes sought by the setting for the child/young person, including IEPs or equivalent;
* Any external professional advice sought and information about how it has been implemented and the impact of this;
* Details of any other support and interventions provided for the child/young person, including an assessment of these and subsequent progress or lack of progress;
* Any additional support required which cannot be provided through the setting’s ordinarily available provision (suggested by staff and professionals working with the child/young person).

**Education Health and Care Needs Assessment application**

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| **Contact details** | | | | | | |
| Child’s first name Click here to enter text. | | | Child’s surname Click here to enter text. | | | |
| Also known as (if applicable) Click here to enter text. | | | | | | |
| Gender  Male  Female Non-binary | | | Is the child in care or looked after?  Yes No Don’t know | | | |
| Date of birth Click here to enter text. | | | Year group Click here to enter text. | Out of year group? Y N | | |
| Age in months at the time of the application Click here to enter text. | | | | | | |
| Address and postcode Click here to enter text. | | | | | | |
| Name of parent(s)/ carers/those with parental responsibility  Click here to enter text. | | | | | Relationship to child  Click here to enter text. | |
| Address and postcode  (if different from above) | | Click here to enter text. | | | | |
| Email address  Click here to enter text. | | | Telephone number  Click here to enter text. | | | |
| Child’s ethnic origin | | Click here to enter text. | | | | |
| Child’s first language | | Click here to enter text. | Parent’s first language | | Click here to enter text. | |
| Do parents/carers require support to access information? Y N  Click here to enter text. | | | | | | |
| NHS number Click here to enter text. | | | | | | |
| Paris number Click here to enter text. | | | | | | |
| Unique Pupil Number Click here to enter text. | | | | | | |
| **Current setting** | | | | | |
| Current setting name and address | Click here to enter text. | | | | |
| Admission date | Click here to enter a date. | | | | |
| SENCo/Inclusion Manager | Click here to enter text. | | | | |
| Telephone number | Click here to enter text. | | | | |
| Email address | Click here to enter text. | | | | |
| Previous setting(s) attended | Click here to enter text. | | | | |

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| **Attendance** | |
| Hours entitled to | Click here to enter text. |
| Hours attending | Click here to enter text. |
| If not attending full allocation of hours, please explain why | Click here to enter text. |
| Do you receive any SEN funding from the Local Authority for this child? | Yes No Don’t know |
| If yes, indicate how many hours | Click here to enter text. |

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| **Exclusions or early collection** | |
| If parents/carers have been asked to collect their child before the end of their session, please explain why | Click here to enter text. |
| Number of occurrences and dates | Click here to enter text. |
| If any formal exclusions have taken place, please give details here | Click here to enter text. |

**Reason for the request**

**Please explain the reasons for requesting an EHC Needs Assessment**

Section 9:14 of the SEND Code of Practice states that the LA should consider whether, despite relevant and purposeful action to identify, assess and meet the needs of the child or young person, they have failed to make expected progress.

Click here to enter text.

**Please provide details of any other relevant information you would like us know – in consultation with the child’s parents or carers and/or the child/young person themselves.**

*Examples: Any self-help skills, likes/dislikes, aspirations, main areas of concern (if not covered above).*

Click here to enter text.

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| **B. Summary of needs** | | | |
| In which areas is the child or young person experiencing significant need? | **Primary need** (one only) | Secondary need (one only) | Date SEN identified and by whom (if known) |
| Specific learning difficulties (SpLD) |  |  | Click here to enter text. |
| Moderate learning difficulty (MLD) |  |  | Click here to enter text. |
| Severe learning difficulty (SLD) |  |  | Click here to enter text. |
| Profound and multiple learning difficulty (PMLD) |  |  | Click here to enter text. |
| Speech, language, communication needs (SLCN) |  |  | Click here to enter text. |
| Social, emotional and mental health (SEMH) |  |  | Click here to enter text. |
| Autistic spectrum disorder (ASD) |  |  | Click here to enter text. |
| Visual impairment (VI) |  |  | Click here to enter text. |
| Hearing impairment (HI) |  |  | Click here to enter text. |
| Multisensory impairment (MSI) |  |  | Click here to enter text. |
| Physical disability (PD) |  |  | Click here to enter text. |
| Other (please state) |  |  | Click here to enter text. |

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| **D. Relevant health information** | | | | |
| Health need or diagnosis | Medication | Health professional involved | Date diagnosed | Current status (e.g. current/discharged) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| Does the child have an Individual Health Care Plan? Y N  (If yes, please submit evidence within your appendices) | | | | |
| Other relevant health information  Click here to enter text. | | | | |

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| **E. Relevant social care information** | |
| Social Care involvement: Y N | Social Worker: Click here to enter text. |
| Child has an active SAF: Y N (If yes, please submit evidence within your appendices.) | Lead professional: Click here to enter text. |
| Is the child subject to a Child in Need Plan? Y N | |
| Is the child subject to a Child Protection Plan? Y N | |
| Is the child known to the Youth Offending Team? Y N | |
| Other relevant social care information: (i.e. a court order is in place and detail)  Click here to enter text. | |

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| **Any additional relevant information**. E.g. Has the child or young person been previously referred for social care input, do they have a PEP, Early Help Assessment/Plan, TAC or TAF action plans, health care plans or independent professional reports etc. Please submit this with your evidence. |
| Click here to enter text. |

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| **F. Progress and attainment** |

***Please outline the child’s attainment and progress in line with your setting policy:***

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| **EYFS Areas of Learning** | **Term 1**  Age in months:  Date: | **Term 2**  Age in months:  Date: | **Term 3**  Age in months:  Date: |
| **Communication and Language** |  |  |  |
| **Personal, Social and Emotional Development** |  |  |  |
| **Physical Development** |  |  |  |
| **Literacy** |  |  |  |
| **Mathematics** |  |  |  |
| **Understanding the World** |  |  |  |
| **Expressive Arts and Design** |  |  |  |
| **Child's chronological age at the time of the request:** | | | |

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| **Communication and interaction** | |
| Please provide an overview of the child or young person’s strengths and needs in this area.  Submit evidence of any communication and interaction assessments within your appendices. | |
| **Strengths** | Click here to enter text. |
| **Needs** | Click here to enter text. |
| **Identified outcomes** | Medium term (in the next year)  Click here to enter text. |
| Short term (in the next term)  Click here to enter text. |
| **Summary of support interventions previously in place** | *Provide a brief comment or bullet points here and further details in section G*  Click here to enter text. |
| **Impact of previous interventions** | Click here to enter text. |
| **Summary of support interventions currently in place** | Click here to enter text. |
| **Impact of current interventions** | Click here to enter text. |

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| **Cognition and learning** | |
| Please provide an overview of the child or young person’s strengths and needs in this area.  Submit evidence of any cognition and learning tests or assessments within your appendices. | |
| **Strengths** | Click here to enter text. |
| **Needs** | Click here to enter text. |
| **Identified outcomes** | Medium term (in the next year)  Click here to enter text. |
| Short term (in the next term)  Click here to enter text. |
| **Summary of support interventions previously in place** | *Provide a brief comment or bullet points here and further details in section G*  Click here to enter text. |
| **Impact of previous interventions** | Click here to enter text. |
| **Summary of support interventions currently in place** | Click here to enter text. |
| **Impact of current interventions** | Click here to enter text. |

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| **Social, emotional and mental health** | |
| Please provide an overview of the child or young person’s strengths and needs in this area.  Submit evidence of any social, emotional and mental health assessments within your appendices. | |
| **Strengths** | Click here to enter text. |
| **Needs** | Click here to enter text. |
| **Identified outcomes** | Medium term (in the next year)  Click here to enter text. |
| Short term (in the next term)  Click here to enter text. |
| **Summary of support interventions previously in place** | *Provide a brief comment or bullet points here and further details in section G*  Click here to enter text. |
| **Impact of previous interventions** | Click here to enter text. |
| **Summary of support interventions currently in place** | Click here to enter text. |
| **Impact of current interventions** | Click here to enter text. |

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| **Sensory and/or physical** | |
| Please provide an overview of the child or young person’s strengths and needs in this area.  Submit evidence of any sensory and/or physical assessments within your appendices. | |
| **Strengths** | Click here to enter text. |
| **Needs** | Click here to enter text. |
| **Identified outcomes** | Medium term (in the next year)  Click here to enter text. |
| Short term (in the next term)  Click here to enter text. |
| **Summary of support interventions previously in place** | *Provide a brief comment or bullet points here and further details in section G*  Click here to enter text. |
| **Impact of previous interventions** | Click here to enter text. |
| **Summary of support interventions currently in place** | Click here to enter text. |
| **Impact of current interventions** | Click here to enter text. |

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| **G. Current support arrangements** | | | | | | |
| Please give details of the targeted support provided for the child or young person that is **additional to and different from** usual differentiated group arrangements. Please submit evidence within your appendices. | | | | | | |
| Name of intervention | Intended outcomes | Frequency, duration, style of delivery (group/individual) | Delivered by (role) | Start  date | Review  date | Outcomes *(achieved, partially met, not met)* or impact of the intervention |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |
| If outcomes were not met, please explain **why** (in your view)  Click here to enter text. | | | | | | |

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| What **additional support do you feel is required** over and above the ordinarily available provision? | | | |
| Name of intervention | Intended outcomes from intervention | Frequency, duration, style of delivery (group/individual) | Delivered by (indicate role) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| **Professional involvement**. Please indicate if there is or has been involvement from any educational support services (e.g. Educational Psychologist, Specialist Teacher, Outreach support), health and/or social care. If reports are available please submit evidence within your appendices and indicate this in the table. | | | |
| Service provided by  (Name & role) | Date(s) of report(s) | Date(s) assessed | Brief description of evidence submitted |
| Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |
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| **Parent/Carer Support and Home Environment**  This information can be taken from the Single Assessment Framework (SAF). | |
| **Basic care (including ensuring safety)** | Click here to enter text. |
| **Emotional warmth and stability** | Click here to enter text. |
| **Guidance, boundaries and stimulation** | Click here to enter text. |
| **Family history, functioning and well-being** | Click here to enter text. |
| **Wider family networks of support** | Click here to enter text. |
| **Housing, employment and financial considerations** | Click here to enter text. |
| **Social and Community elements** | Click here to enter text. |

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| **H. Parent/carer consent** |
| **Privacy Notice:** Southampton City Council is collecting this information in order to perform this service or function, and if further information is needed in order to do so, you may be contacted using the details provided. In performing this service, the Council may be required to share your information with other organisations or departments, but it will only do so when it is necessary in order for the service to be provided.  The Council may also share personal information for the purposes of the prevention, investigation, detection, or prosecution of criminal offences, but will not share personal information, or use it for this, or any other purpose, unless provided for by law. The information provided will be held on file and may also be stored electronically and will be used for the purpose of its involvement in giving support and advice in relation to the child/young person as specified above.  More detailed information about the Council’s handling of your personal data can be found in its privacy policy, available onli[ne (http://www.southampton.gov.uk/privacy](http://www.southampton.gov.uk/privacy)), or on request. |

**Privacy Declaration**:

I understand that by completing this form, I am requesting that Southampton City Council consider undertaking an Education, Health and Care Needs Assessment for my child/young person.

I understand that in performing this service Southampton City Council will see any relevant information from other professionals to help them in deciding whether it is necessary to carry out an Education, Health & Care Needs Assessment.

If an Education, Health & Care Needs Assessment is approved, I understand that Southampton City Council will seek further professional advice and/or assessment to help them decide whether it is necessary to issue an Education, Health and Care Plan.

***All above boxes must be ticked for the application to proceed***

**Parent/Carer/Guardian Signature: Date:**

**Young person signature (where young person is over 16):**

**Please send this form and all associated paperwork to:**

SEN Team, 0-25 SEND Service, Ground Floor, North Block, Civic Centre, Southampton SO14 7LY

|  |  |  |  |
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| **I. Signature of person(s) making the request** | | | |
| **The following people identified in this plan have agreed to request an EHC Needs Assessment** | | | |
| Name | Role and contact details | Signature | Date |
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| **Evidence checklist** | | | |
| **Please complete this table to indicate the evidence accompanying this application** | | | |
| **Evidence/description** | **Details** | **Appendix/link to application** | **Included** |
| Parent/carer involvement | Click here to enter text. | Click here to enter text. |  |
| Views, wishes and aspirations of the CYP and parent/carer – e.g. One and Only form | Click here to enter text. | Click here to enter text. |  |
| A copy of the CYP’s additional support plan which demonstrates the assess, plan, do, review cycle | Click here to enter text. | Click here to enter text. |  |
| Educational assessments of the CYP’s areas of need completed by the setting | Click here to enter text. | Click here to enter text. |  |
| Outcomes sought by the setting for the CYP, including IEPs or equivalent | Click here to enter text. | Click here to enter text. |  |
| Any external professional advice sought | Click here to enter text. | Click here to enter text. |  |
| Details of any other support and interventions provided for the CYP | Click here to enter text. | Click here to enter text. |  |
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