**Educational Advice from Primary/Secondary Schools**

**Context**

This information is sought in accordance with the Children and Families Act 2014. Advice is sought as part of an Education, Health and Care needs Assessment.

**Child/Young Person's Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name (s) |  | Surname |  |
| Date of Birth |  | Gender |  |
| Year Group |  | Unique Pupil Number |  |
| Home address |  | Child Looked After Yes/No |  |
| Setting |  | | |
| Ethnicity |  | Religion |  |

**Details of Parent(s) or Person Responsible**

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s) |  |  |  |
| Relationship |  |  |  |
| Home Address |  |  |  |
| Contact Number(s) |  |  |  |
| Email address |  |  |  |
| Preferred method of contact |  |  |  |

As a request for an Education, Health and Care Needs Assessment has been made it would be beneficial if you could please provide the documentation as highlighted in the table below in order for the SEND Integrated Assessment team to be able to make a fully informed decision relating to this request:

|  |  |  |  |
| --- | --- | --- | --- |
| Documents | Date of report | Provided by:  Please indicate if the child/young person has been discharged from the service. | Is the person providing advice and the child's parent or young person all satisfied that the advice is sufficient for the EHC needs assessment process? |
| One Page Profile |  |  |  |
| CAF |  |  |  |
| TAF Minutes |  |  |  |
| Provision Map |  |  |  |
| IEPs or equivalent (At least 2 Evaluated) |  |  |  |
| Chronology |  |  |  |
| EP Report |  |  |  |
| Evidence of Pupil and Parent Views |  |  |  |
| SEN Support Plan and evidence of person centred approach. |  |  |  |
| Medical Report(s) |  |  |  |
| Social Care Report(s) |  |  |  |
| VI/HI/MSI Specialist teacher |  |  |  |
| Other *(form ref number)* |  |  |  |

|  |
| --- |
| If any of the requested documentation has not been submitted, please give the reasons below: |

**People who support the Child/Young Person**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role that they play (name of organisation where appropriate) | Email address | Telephone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Attendance Record**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Educational Setting | Period (Dates) | Actual Attendance (No. of Sessions) | Possible Attendance (No. of Sessions) | Percentage Attended |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section A**

**Strengths and Special Educational Needs**

|  |
| --- |
| Cognition and Learning |
|  |
| Communication and Interaction |
|  |
| Social, Emotional and Mental Health |
|  |
| Physical, Sensory |
|  |
| Independence and Self Help |
|  |

**Section B**

**Attainment/Ability/Assessments/Milestones met**

|  |
| --- |
|  |

**Section C**

|  |
| --- |
| Health needs and support |
|  |

**Section D**

|  |
| --- |
| Social care needs and support |
|  |

**Section E**

**Outcomes and Provision:**

|  |  |  |  |
| --- | --- | --- | --- |
| Need(s) | Desired long term outcome(s)? | Steps towards achieving the outcome(s) | Special Educational Needs Provision required  *(please identify whether this is current or additional provision)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Advice Giver's Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of completion |  |
| Signature |  | Role |  |
| Contact details |  | Organisation |  |