**Post 16 setting: request for Education, Health and Care Needs Assessment**

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 to meet the needs of children and young people identified with Special Educational Needs. Guidance notes are available and should be read prior to completing this form.

**Young Person's Details**

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

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

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

When submitting a request for Education, Health and Care Needs Assessment, the Plan Facilitator should consider submitting the following documents:

|  |  |  |  |
| --- | --- | --- | --- |
| 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 (if under 18 years old) |       |       |       |
| TAF Minutes (if under 18 years old) |       |       |       |
| Provision Map |       |       |       |
| SEN Support Plan and evidence of person centred approach. |       |       |       |
| IEPs or equivalent (At least 2 Evaluated) |       |       |       |
| Chronology |       |       |       |
| EP/Specialist Teacher Report |       |       |       |
| Evidence of Pupil Views  |       |       |       |
| Evidence of parental views (if Young Person agrees to these being sought) |       |       |       |
| Medical Report(s) |       |       |       |
| Social Care Report(s)  |       |       |       |
| VI/HI/MSI Specialist teacher  |       |       |       |
| Other  |       |       |       |

**People who support the 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**

Current Programme of Study

|  |
| --- |
| Current Programme of Study |
| Element Of Study Programme | Qual Type /Course Title/Activity | Date | Course Level (QCF) | Planned hours | Current Achievement | Predicted Grade/result |
| Substantial Qualification(s)  |       |  |       |       |  |       |
| English |       |  |       |       |  |       |
| Maths  |       |  |       |       |  |       |
| Non Qualification Activity(Work-related learning, tutorials, enrichment) |       |  |       |       |  |       |
|  |  |  | Total |  |  |  |

**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)* |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

To provide public services and carry out our public duty we need to process personal data we hold. Further information regarding this can is in the Privacy Notice which can be found at [Lancashire Inclusion Service (SEND) - Lancashire County Council](https://www.lancashire.gov.uk/council/transparency/access-to-information/service-and-project-specific-privacy-notices/lancashire-inclusion-service-send/)

**Person making the request**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |       | Date of completion |       |
| Signature |       | Role |       |
| Contact details |       | Organisation |       |
|  |  |  |  |
| Young Person's name  |        | Date signed |       |
| Young Person's Signature |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Parents name  |        | Date signed |       |
| Parents Signature |       |