**Primary/Secondary School 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.

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

When submitting a request for an 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 |       |       |       |
| 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)* |       |       |       |

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

To provide public services and carry out our public duty we need to process personal data we hold. Further information regarding this 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 |       |
|  |  |  |  |
| Parents name  |        | Date signed |       |
| Parents Signature |       |

If the young person is 16 years old or over please ensure this is signed to provide their consent.

|  |  |  |  |
| --- | --- | --- | --- |
| Young Person's name  |        | Date signed |       |
| Young Person's Signature |       |