|  |
| --- |
| Children & Young People Department  Email: [sen.assessments@brent.gov.uk](mailto:sen.assessments@brent.gov.uk) |



**REQUEST FOR AN EDUCATION, HEALTH AND CARE NEEDS ASSESSMENT**

**EDUCATION SETTING**

**Section 1: Child/Young Person Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name of Child/Young Person:** |  | **Unique Pupil Number/Unique learner Number** |  |
| **Date of Birth:** |  | **NHS Number:** |  |
| **Gender:** |  | **Ethnicity:** |  |
| **Religion:** |  | **Child/Young Person Looked After:** | Y/N |
|  | | **If yes, which LA** |  |
| **Current Year Group:** |  | **Actual Year Group:** |  |
| **Home Address:** | | **Name and Address of Current Education Setting:** | |
| **Post Code:** |  | **Post Code:** | |
| **Telephone No:** |  | **Telephone No:** |  |
|  | | **Start Date at Setting:** |  |
| **Name and Address of Previous Educational Setting:** | | **Start Date Previous Educational Setting:** |  |
| **Post Code:** | | **End Date at Previous Educational Setting:** |  |
| **Telephone No:** | |  |  |
| **Name of person/s with parental/carer responsibility:** | |  | |
| **Relationship:** |  | **Relationship:** |  |
| **Address:** | | **Address:** | |
| **Post Code:** |  | **Post Code:** |  |
| **Contact No:** |  | **Contact No:** |  |
| **E-mail:** |  | **E-mail** |  |
| **GP Surgery Name and Address contact number:** | |  | |
| **Languages spoken parent/carer 1:** |  | **Accessibility Needs of parent/carer 1:** |  |
| **Interpreter required for parent/carer 1:** | **Yes/No** | **If yes, which language?** |  |
| **Languages spoken parent/carer 2:** |  | **Accessibility Needs of parent/carer 2:** |  |
| **Interpreter required for parent/carer 2:** | **Yes/No** | **If yes, which language?** |  |
| **Name of person making the request including email address:** |  | **Role:** |  |

**Section 2 Child/Young Person**

**The views, interests and aspirations of the child and their parents/carers, or of the young person.**

**Please note – if the young person is unable to verbally express their views, consider how you can gain their input into this process by alternative means e.g. ascertaining their likes and dislikes by observing them or by using signs and symbols.**

Details about the child or young person’s aspirations and goals for the future e.g. play, health, emotional wellbeing, schooling, independence, friendships, further education, independent living, university, community participation and future plans including employment (where practical) *OR [My aspirations and goals for the future: The sort of person I’d like to be and what I’d like to do in the future]*

|  |
| --- |
| **My journey - How did I get to this point? Where was I born? Who do I live with? My education so far, my friendships and relationship.** |
|  |
| **What else should people know about me?** |
|  |
| **What do people like about me?** |
|  |
| **What I like about myself?** |
|  |
| **Who and what is important to me:** |
|  |
| **What do I like and dislike:** |
|  |
| **What works well for me?** |
|  |
| **How best to support me:** |
|  |
| **In the future, I would like to… (my aspirations) e.g. education, play, health, friendships, sixth form, further education, independent living, university and employment.** |
|  |

|  |  |  |
| --- | --- | --- |
| **Signature of Child/ Young Person if over 16** |  | **Date** |
| **Print name** |  |  |

**Section 3: Parents/Carers’ Views**

Parent/carer’s aspirations for child/young person e.g. education, play, health, friendships, sixth form, further education, independent living, university and employment. *[What my family would like to say]*

***Please note this is a duplicate of the parent/carer advice form. Parent/Carers only need to give this information once. Please liaise with the parents/carers to ascertain whether they have submitted their views on a different form***

1. Information on child/young person’s educational needs

|  |
| --- |
| **What do you think your child/young person is good at and what do you think are some of the challenges they face?** |
|  |

|  |
| --- |
| **Your child/young person’s journey- How did they get to this point? Where were they born? Who do they live with? What else should people know about your child/young person?** |
|  |

|  |
| --- |
| **What do others like and admire about them?** |
|  |

|  |
| --- |
| **What would you like to see your child/young person achieve?** |
|  |

|  |
| --- |
| **A summary of how the child/ young person communicates and how to engage them in decision-making. [How they need to be supported to be heard and understood]** |
|  |

|  |
| --- |
| **What do you feel is working well at the current educational placement (where applicable)?** |
|  |

|  |
| --- |
| **What do you feel is not working well at the current educational placement?** |
|  |

|  |
| --- |
| **What support has your child/young person received, if any?** |
|  |

|  |
| --- |
| **What support do you think they need?** |
|  |

|  |
| --- |
| **How do you think an Education Health and Care Plan would help your child/young person in their educational placement?** |
|  |

|  |
| --- |
| **What are your aspirations for your child/young person e.g. education, play, health, friendships, sixth form, further education, independent living, university and employment?** |
|  |

1. **Information on Health and Social Care**

|  |
| --- |
| **Do your child/young person’s difficulties impact your family at home?** (If so, please say how) |
|  |

|  |
| --- |
| **Are you receiving support from social care**? (If so, please provide details including the name of your social worker and details of the support provided) |
|  |

|  |
| --- |
| **Is there any further social care support you feel is needed to support your child/young person’s learning needs?** |
|  |

|  |
| --- |
| **Does your child/young person have health difficulties that affect them at home and/ or at an educational setting?** (If so, please provide details) |
|  |

|  |
| --- |
| **What support, if any, is your child/young person receiving from the health service either at home, clinics and/or at an educational setting?** (This may include support from your GP, Therapy Services, Paediatrician, Mental Health Services, community nursing or other specialist. Please provide details of the support provided) |
|  |

**\***Please make sure any professionals listed above are added to the table outlining *Key professionals* involved in providing support

|  |
| --- |
| **What health support do you feel is needed to support your child/young person’s learning needs?** |
|  |

1. **Contact details**

|  |
| --- |
| Which other services are working with your child/ young person. Please give names and contact details if you have them: |
| Education: |
| Health: |
| Social Care: |
| Other: |

1. **Wider support**

|  |
| --- |
| Support network around the child/young person: |
|  |
| How to support us as a family: |
|  |

|  |
| --- |
| Who are the important people in their life? |
|  |

You are providing your information to Brent Council, contact details [sen.assessments@brent.gov.uk](mailto:sen.assessments@brent.gov.uk) . The Council’s Data Protection Officer can be contacted via [dpo@brent.gov.uk](mailto:dpo@brent.gov.uk) , or 020 937 1402.

Your information is collected for the purpose of a Statutory Assessment of your child/young person’s Special Educational Needs, as required to fulfil the council’s duties under The Children and Families Act 2014.

By providing consent, you will be giving the local authority permission to share information about you/your child/young person for the following purposes:

* To gather information and evidence to aid us to make a decision about whether to carry out an Education Health Care (EHC) needs assessment
* To share information as part of an EHC needs assessment
* 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 including for the purposes of consulting with all future prospective educational settings
* To share information as part of an annual review of an EHCP
* To commission providers of therapy and services to support your child’s Special Educational Needs.

The information may be shared with and obtained from:

* Your child/young person’s current educational establishment or from a teacher
* The teacher for Visually Impaired and/or the teacher for Hearing Impaired if your child is either visually or hearing impaired or both
* Health Care professionals within the National Health Service
* The Brent Educational Psychology Service
* Social Care
* Youth Offending Team, if your child is known

The information shall be retained for up to 35 years from closure and shall be processed in adherence to your legal rights, including but not limited to the right to withdraw consent, right to copies of your information and right to be forgotten. If you are dissatisfied with the processing of your information, you can raise your concern with the council’s data protection officer. You have a right to lodge a complaint with the Information Commissioner’s Office ([www.ico.org.uk](http://www.ico.org.uk)).

Further information can be found at [www.brent.gov.uk/privacy](http://www.brent.gov.uk/privacy)

|  |  |  |
| --- | --- | --- |
| Signature (parent/carer): | Print name: | Date: |

**Section 4: Need**

**What is/are the main area/s of concern? Please tick as appropriate – indicate main need or other needs.**

|  |  |  |
| --- | --- | --- |
|  | Main need (tick one only) | Other needs (as appropriate) |
| Cognition and Learning needs | |  | | --- | |  | | |  | | --- | |  | |
| Communication and Interaction | |  | | --- | |  | | |  | | --- | |  | |
| Social, Emotional & Mental Health needs | |  | | --- | |  | | |  | | --- | |  | |
| Sensory/Physical needs | |  | | --- | |  | | |  | | --- | |  | |

Please outline the main challenges and barriers for learning for the child/young person

**Provide a SUMMARY of the current situation for the child/young person**

|  |
| --- |
|  |

**Section 5: Interventions and Provision (a)**

**Required Information for Requesting an Education, Health and Care Needs Assessment**

**Please give details of your concerns on the area(s) of need below and the interventions used with the impact of those interventions, along with the strengths of the child/young person:**

**Cognition and Learning**

|  |
| --- |
| **Strengths** |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Identified need** | **Strategies, interventions and provision made (Please evidence what have you done to meet needs)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Communication and Interaction**

|  |
| --- |
| **Strengths** |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Identified need** | **Strategies, interventions and provision made (Please evidence what have you done to meet needs)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Social, Emotional and Mental Health**

|  |
| --- |
| **Strengths** |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Identified need** | **Strategies, interventions and provision made (Please evidence what have you done to meet needs)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Sensory and /or Physical Needs**

|  |
| --- |
| **Strengths** |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Identified need** | **Strategies, interventions and provision made (Please evidence what have you done to meet needs)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Section 6: Interventions and Provision (b)**

**Preparation for Adulthood –** required for all young people year 9 or above (although it is best practice to consider this from an earlier age).

**Career Advice –** what support has the young person received to discuss career options?

**Employment, Education and Training**

|  |
| --- |
| **Strengths** |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Identified need | Strategies, interventions and provision made (Please evidence what have you done to meet needs) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Living Independently (Independent Living)**

|  |
| --- |
| **Strengths** |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Identified need | Strategies, interventions and provision made (Please evidence what have you done to meet needs) |
|  |  |
|  |  |
|  |  |
|  |  |

**Activities (Community Inclusion)**

|  |
| --- |
| **Strengths** |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Identified need | Strategies, interventions and provision made (Please evidence what have you done to meet needs) |
|  |  |
|  |  |
|  |  |
|  |  |

**Being Healthy**

|  |
| --- |
| **Strengths** |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Identified need | Strategies, interventions and provision made (Please evidence what have you done to meet needs) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Section 7: Impact on Need**

|  |
| --- |
| **In your view, what is the impact of these concerns on the learning of the child/young person, linked to the above areas of need?** |
|  |

|  |
| --- |
| **How do you use the child/young person’s strengths to increase learning?** |
|  |

|  |
| --- |
| **Following your ‘Assess, Plan, Do, Review process, what is now working well for the child/young person?** |
|  |

|  |
| --- |
| **And what hasn’t worked so well?** |
|  |

|  |
| --- |
| **Why are you making the request now?** |
|  |

|  |
| --- |
| **ATTENDANCE RECORD DURING THE PAST YEAR: Please provide percentage of unauthorised and authorised absence, along with any other relevant information.**  **For Pre-School settings please provide an overall attendance for each TERM** |
|  |

**Section 8: Health Needs**

**Health Needs**

|  |  |
| --- | --- |
| Does the child/young person have ongoing and lasting health needs that will require specialist treatment for the foreseeable future? | Yes / No |
| **Health needs and how these are impacting on learning. *Please include formal diagnosis and dates:*** | |
| Are these health needs likely to impact on the child’s / young person’s current and future educational progress and attainment? | Yes / No |
| *Please also give details of support, if any, that the child/young person is receiving from the health service either at home, clinics and or at an educational setting eg from their GP, Therapy Services, Paediatrician, and Mental Health Services, community/school nursing or other specialist* | |

**Section 9: Social Care Needs**

**Social Care Needs**

|  |  |
| --- | --- |
| **Is the child/young person known to Social Care/Children with Disabilities Team or Early Help/Localities Teams?** | Yes/No |
| *Please give details of support, if any that the child/young person is receiving from social care or other relevant services either at home and or at an educational setting eg from Family Services, Youth Offending Services, Early Help Services, early years/play groups or youth clubs or other specialist services.* | |
| **Does the child/young person have access to short breaks provision/direct payments or any other provision from social care?** | Yes/No |
| **If yes, please give details:** | |
| **Does the child/young person have social or social care needs that are likely to impact on his/her educational achievement and progress?** | |

**Section 10: Educational Attainment and Progress**

Please complete the appropriate stage the child/ young person attainments.

**Early Years**

|  |  |  |
| --- | --- | --- |
| EYFS profile | Developmental stage /profile score | Description of achievement / Attainment / Performance |
| Communication & Language | Understanding  Listening and Attention  Speaking |  |
| Physical Development | Moving and handling  Health and Self-care |  |
| Personal, Social & Emotional Development | Making Relationships  Sense of Self  Understanding Feelings |  |
| Understanding of the World | The World  People and Communities  Technology |  |
| Literacy | Writing  Reading |  |
| Mathematics | Mathematics |  |
| Expressive Art & Design | Creating with Materials  Being Imaginative  and Expressive |  |

**Primary and Secondary (please explain grading system)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Baseline Assessments  Date:  Age: | Age equivalence | Latest Assessment  Date:  Age | Age equivalence |
| English |  |  |  |  |
| Maths |  |  |  |  |
| Science |  |  |  |  |
| Other |  |  |  |  |

**Section 11: Contacts**

**Evidence Checklist – the following will also be used to inform the decision regarding the EHC Needs Assessment Request**

If an EHCNA is agreed, advice will be requested from the professionals currently involved. Please list those who have relevant knowledge and information about the child/young person below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agency | Name/Role/Address/Telephone number and email | Report attached? | Date of report | Dates of involvement |
| Portage Service |  |  |  |  |
| SENCO |  |  |  |  |
| Educational Psychology Service |  |  |  |  |
| Visual Impairment Service |  |  |  |  |
| Hearing Impairment Service |  |  |  |  |
| Community Paediatrics Medical Team |  |  |  |  |
| Speech and Language Therapy Service |  |  |  |  |
| Occupational Therapy Service |  |  |  |  |
| Physiotherapy Service |  |  |  |  |
| Child and Adolescent Mental Health Service (CAMHS) |  |  |  |  |
| Health Visitor |  |  |  |  |
| School Nursing |  |  |  |  |
| Dietician |  |  |  |  |
| Specialist Hospital |  |  |  |  |
| Early Help |  |  |  |  |
| Youth Offending Service |  |  |  |  |
| Targeted Youth Scheme |  |  |  |  |
| Children Services |  |  |  |  |
| Children with Disabilities Team/Short Breaks |  |  |  |  |
| Adult Social Care/Transitions Worker |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |

**Section 12: Check List**

|  |  |
| --- | --- |
| Have you attached? | Yes/No |
| Evidence of implementation and impact of your SEN Support plan. This should |  |
| * Use the Assess, Plan, Do, Review’s process. |  |
| * Involve the advice and suggestions of external professionals. |  |
| * Clearly indicate the child/young person’s progress over time in response to the strategies and interventions put into place to address his/her specific needs. |  |
| * Be timely and responsive to changes as above. |  |
| * Show how SEN funding has been used specifically for this child/young person to address his/her needs and support his/her strengths. |  |
| * Demonstrate the involvement of parents and carers |  |
| * Child/Young Person’s One Page Profile/All about me/Circles of Support/Parental Views/Dreams and Aspirations |  |
| * If a school/educational setting referral ensure parents/carers contribution is included. If it is a parental/carer referral Brent SENAS will gain this. |  |
| Focus on the current and previous year so that the ‘journey’ of the child/young person’s progress is clear. |  |
| Minutes of SEN Support Plan and Team Around the family meetings from the last 12 months, to evidence impact of support on achieving outcomes. |  |
| Recent reports from other professionals, e.g. Speech and Language Therapist, Educational Psychologist, Medical evidence.  Any supporting reports provided should be up to date and normally no more than 18 months old. For children who are under 5 years old, supporting reports would normally be less than 12 months old. |  |
| Provision Map (including costings and duration of input with any additional evidence of impact included). |  |

|  |  |  |
| --- | --- | --- |
| Signature of person making the request |  | Date |
| Print name |  |  |
| Signature of Parent/Carer |  | Date |
| Print name |  |  |
| Signature of Child/Young Person if over 16 |  | Date |
| Print Name |  |  |

**ONCE COMPLETED PLEASE RETURN THIS CONSENT FORM WITH PROOF OF ADDRESS TO:**

[sen.assessments@brent.gov.uk](mailto:sen.assessments@brent.gov.uk)