

Request for Education, Health and Care Needs Assessment



Child or Young Person (CYP) details

First name(s)

Surname

DfE Unique Pupil Number (UPN)

DfE Unique Learner Number (ULN) for pupils over 14 years of age

NHS number

Date of birth

Home address

Postcode

Telephone

Sex assigned at birth

Preferred pronouns

Ethnicity

Religion

Language/s spoken at home

Setting name, address and UK Learning Provider Reference Number ([UKPRN](#))

Chronological year group:

Actual year group:

Is the child / young person a looked after child? YES NO

(if yes, to which local authority?)

Is there any current social Care involvement?

Please make clear if there are any restrictions on disclosing information for safeguarding purposes

Parent/Carer details

Who has parental responsibility and please state who has primary decision making responsibility for education decisions?

Parent / carer 1

Title First name(s)

Surname Relationship to child

Interpreter or communication support needed? YES NO

Parent / carer 1 Home address (if different from above)

 Post Code

Telephone (Home) Telephone (Mobile)

Email Address

Parent / carer 2

Title First name(s)

Surname Relationship to child

Interpreter or communication support needed? YES NO

Parent / carer 1 Home address (if different from above)

 Post Code

Telephone (Home) Telephone (Mobile)

Email Address

Checklist of Information to be provided with the application

Before submitting your application for an EHC needs assessment please ensure that you have included the below with your application without this information your application may not be accepted and returned to you.

No	Document Name	Included (Yes/No)	If no (Please explain why?)
Setting Information (compulsory information please note that your application may not be accepted if this information is not provided and will be returned to you)			
1	Fully completed EHC needs assessment application form		
2	Signed consent form		
3	Costed Provision Map		
4	Reviewed IEPs (2 full review cycles and current outcomes set)		
5	Timetable		
6	All About Me		
Diagnostic/Medical Reports			
7	CAMHS		
8	Hospital		
9	CDT/MDT		
Professional Reports - (Should not be more than 6 months old for 0-5's or 12 months old for 5-24)			
10	Educational Psychology		
11	Speech and Language Therapy		
12	Occupational Therapy		
13	Any other relevant reports		
Social Care Reports			
14	Care Plans for CIN/CP		
15	Minutes of meetings i.e. TAC, Early Help.		
16	Social Care Screening Tool (compulsory)		

Attendance details for previous 12 months

[please attach print out if applicable]

Actual attendance (over last three terms including current term):

Autumn Term Attendance % Spring Term Attendance % Summer Term Attendance %

If attendance is less than 85%, please explain the reasons why:

Date joined setting: If they have attended any other settings, please give details of the name and dates they attended.

Has the CYP ever been permanently excluded? YES NO

If yes, please provide all relevant dates, and an explanation for the reason:

Details of any fixed term suspensions

Discussions about this request for a statutory needs assessment with those with parental responsibility

Date of discussion (this must be within the last 3 months)

Did parent/carer/young person give permission for the request to be made? YES NO

Presenting special educational needs

Please tick the primary area of need that the CYP is presenting with.

Cognition and learning

- MLD - moderate learning difficulties
- SLD - significant learning difficulties
- Severe learning difficulties
- PMLD – profound and multiple learning difficulties

Communication / interaction

- SLCN - speech, language and communication needs
- ASD - Autism

Social, emotional and mental health

- SEMH - social, emotional and mental health

Sensory and / or physical impairment

- PD - physical disability
- VI - visual impairment
- HI - hearing impairment
- MSI - multi-sensory impairment

Pre-school / Early Years Foundation Stage outcomes

Please fill in the below section as relevant for the CYP's stage of education

Please record 3 assessment points by using different colours, fonts or symbols and provide a key to explain them

Child's age on 1st assessment	<input type="text"/>	key used	<input type="text"/>
Child's age on 2nd assessment	<input type="text"/>	key used	<input type="text"/>
Child's age on 3rd assessment	<input type="text"/>	key used	<input type="text"/>

Development Matters (statutory guidance)	Age bands						
	Birth-3 Years old				3-4 Years old	Reception	
Birth-5 Matters (non- statutory guidance) <i>Please indicate your best fit judgement according to your assessment information on this child.</i>	Range 1 0-12 months	Range 2 12-18 months	Range 3 18- 24 months	Range 4 24-36 months	Range 5 36-48 months	Range 6 48-60 months	Early learning goals 60-71 months
Personal, social and emotional development							
Managing self							
Building relationships							
Self regulation							
Physical development							
Gross Motor Skills							
Fine motor skills							
Communication and language							
Listening and attention and <i>understanding</i>							
Speaking							
Literacy							
Comprehension							
Word							
Writing	N/A	N/A	N/A				
Mathematics							
Number							
Numerical Patterns	N/A						
Understanding the world							
Past and Present	N/A						
People culture and communities	N/A						
The natural world							
Technology	N/A						
Expressive arts and design							
Being imaginative and expressive	N/A	N/A					
Creating with Materials	N/A						

Progress in Key Stage 1-4 and above

Please provide the child's ARE in relation to their age.

Date of assessment <input type="text"/>	Date of assessment <input type="text"/>
Subject Area <input type="text"/>	Subject Area <input type="text"/>
Outcome: <input type="text"/>	Outcome: <input type="text"/>
Date of assessment <input type="text"/>	Date of assessment <input type="text"/>
Subject Area <input type="text"/>	Subject Area <input type="text"/>
Outcome: <input type="text"/>	Outcome: <input type="text"/>

FE and post-16 providers: Baselines and progress assessments towards qualification

(Please attach if necessary.)

Assessment used:	Date:	Result:

Educational setting's perspective of the CYP's current Special Educational Needs:

(Only relevant sections need to be completed)

Identified strengths and Special Educational Needs:

1. Communication and interaction

- What is working well? (Existing strengths)

- What are the CYP's difficulties (including how they impact on their everyday life)

2. Cognition and learning

- What is working well? (Existing strengths)

- What are the CYP's difficulties including how they impact on their everyday life)

3. Social, emotional and mental health

- What is working well? (Existing strengths)

- What are the CYP's difficulties including how they impact on their everyday life)

4. Sensory and /or physical needs

- What is working well? (Existing strengths)

- What are the CYP's difficulties including how they impact on their everyday life)

The Educational Provision that has been made by the school / setting

You may wish to consult with Paragraphs 6:36 – 6:56 of the SEN Code of Practice and the Ordinarily Available Provision Document published by Enfield.

Please describe the special educational provision that has been put in place in the education setting. Please include the impact of the Assess, Plan Do and Review cycle (this should be over two terms) (For schools please see paragraphs 6.4 - 6.56 of the SEND CoP.)

Cognition and Learning

Communication and Interaction

Social Emotional and Mental Health

Physical and/or Sensory

Details of the professionals and organisations currently involved with supporting the CYP.

If the LA agrees to proceed with a statutory needs assessment, the SEN service will request statutory advice from these services/agencies, as deemed appropriate. Please discuss with Parent/Carer/Young Person to ensure you include all services, even those outside of Enfield

Name of service, full name of professional, email and telephone number.	Details of involvement	If a report is available, date written	Start of involvement if known	Most recent contact	Do parent/carers/CYP, provider and assessing professional agree this is up to date and represents current needs and provision? (yes / no)

Recommended outcomes

Please record a range of long-term outcomes that you expect the CYP to achieve over varying timescales (e.g., next Key Stage).

There is some really helpful guidance [here](#) about preparing for adulthood across all ages to support everybody's thinking in how we help even our youngest learners towards adulthood.

Cognition and Learning, Communication and Interaction, Social, Emotional and Mental Health and Sensory/Physical:

Outcomes for Education and Employment:

Outcomes for Independence:

Outcomes for Friends, Relationships and Community Involvement:

Outcomes for Health and Wellbeing:

Social Care Outcomes:

Person/Persons completing this report

Name(s):

Designation:

Signature:

Date:

Name of school/setting

Tel:

Email:

Head teacher [or manager / owner] counter signature:

Signed young person / parental / carer consent

Please add your signature to consent to Enfield Council undertaking a statutory needs of you/r child. Your signature, acts as consent, and allows the Council to share and request information from other services such as Educational Psychologists, Health and Social Care professionals or other services the Council considers relevant. For example, Audiology or Dietitian. Your consent allows professionals to undertake appropriate assessments. This will be the case for the lifetime of the Education, Health and Care Plan if issued.

If you do not consent, we may still initiate a Education, Health and Care statutory assessment however, without your consent professionals will not be able to conduct assessments and we will therefore be unlikely to be in a position to consider issuing an Education, Health and Care Plan.

The law requires Young People aged 16 or over to sign this form themselves.

Name(s):

Signature:

This form must be sent via secure email to EHCPRequests@enfield.gov.uk using egress or any other secure emailing system. Please include 'request for statutory needs assessment' in the subject heading.

