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| **Appendix B – Educational Advice**  |

This form should be completed as part of the request for a statutory needs assessment of Special Educational Needs or when the setting is requested to give advice following a request for assessment from another party. **If the authority agrees to this statutory needs assessment the information contained within this form will be used as the educational advice as part of the statutory needs assessment and may form an Appendix to any EHC Plan that is issued.**

* This application does not apply to those young people who are studying for a foundation degree or other higher education qualification.
* This form is for education settings e.g. early years, schools and FE colleges etc.
* It is recommended practice that the settings involve an educational psychologist in the ‘assess plan do review process’ which could involve them contributing to the planning/review meeting or have direct involvement in assessment or intervention.
* Settings should include previous professional reports if available and/or provide their own assessment of the young person’s needs. They may wish to involve external professionals to support them with this.
* All of the information on this form will be copied to parents and all agencies directly involved with the child/young person.

**Enfield SEN have produced separate Guidance Notes to support settings in completing this advice form that are based on based on our most frequently asked questions.**

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| **Child or young person’s (cyp) details** |

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| **First name(s)** |  | **Surname** |  |
| **DFE UPN** |  | **NHS number** |  |
| **Home address** |  | **Sex assigned at birth** |  |
| **Preferred pronouns** |  |
| **Postcode** |  | **Date of birth** |  |
| **Telephone** |  | **Ethnicity** |  |
| **Name and address of EY setting, school, college:** |  | **Religion** |  |
| **Chronological year group:** |  |
| **Actual year group:** |  |
| **Is the child / young person a looked after child? (if yes, to which local authority?)** | **Yes / No (delete as appropriate)** |
| **Are there any social care plans including a LAC care plan, a child in need plan or a child protection plan which may impact on this statutory needs assessment?** |  |
| **Language/s spoken at home** |  |
| **Please make clear if there are any restrictions on disclosing information for safeguarding purposes** |  |

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| **Parent / carer details:** |
| **Who has parental responsibility?** |  |
| **Parent / carer 1 name** | **Title, first name(s), surname (and relationship to child)** |
| **Parent / carer 1** **Interpreter or communication support needed?** | **Yes /No (delete as appropriate)** |
| **Parent / carer 1 Home address** (if different from above) |  |
| **Postcode:** |
| **Parent / carer 1 Telephone numbers** | **Home:**  | **Mobile:**  |
| **Parent / carer 1 email address** |  |
| **Parent / carer 2 name** | **Title, first name(s), surname (and relationship to child)** |
| **Parent / carer 2****Interpreter or communication support needed?** | **Yes /No (delete as appropriate)** |
| **Parent / carer 2 Home address** (if different from above) |  |
| **Postcode:** |
| **Parent / carer 2 Telephone numbers** | **Home:**  | **Mobile:**  |
| **Parent / carer 2 email address** |  |
| **Attendance details for previous 12 months: *[please attach print out if applicable]*** |
| **Actual attendance** *(over last three terms including current term):*  | **Term** | **Percentage attendance** |
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| **If attendance is less than 85%, please explain the reasons why:**  |  |
| **Date joined setting:** | If they have attended any other settings (other than part of a previous phase), please give details of the name and dates they attended.  |
| **Has the CYP ever been permanently excluded to your knowledge?** | **Yes  No** **If yes, please explain the circumstances:**  |
| **Details of any exclusions and sanctions**  | **Date of exclusion / sanction** |  **Reason for exclusion / sanction** |  **Sanction / consequence** | **Internal / External** |  **No of days** |
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| **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?** *Please tick:* | **Yes  No**  |
| **Please provide a brief summary of parent’s views below and remember to attach the child/young persons completed “all about me” form:** |  |

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| **Please indicate child’s presenting special educational needs.**  |
| **Cognition and learning** |
| SPLD - specific learning difficulties |  | MLD - moderate learning difficulties |  | SLD - severe learning difficulties |  | PMLD – profound and multiple learning difficulties |  |
| **Communication / interaction** |
| SLCN - speech, language and communication needs |  | ASD - Autism Spectrum Disorder |  |  |
| **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 |  |

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| **Relevant school factors:** |
| *(Please give an outline of your setting’s involvement with this child/young person. This could include a chronology and details of any professional meetings held, what contextual factors impact on outcomes for the child / young person, such as environmental factors, school size/ range of classes, curriculum)* |
| **Family and Environmental factors:** |
| *(Family history and wellbeing, housing/employment/finance, social and community resources if relevant. This should include if there are any known social factors or current social care issues that impact on the child/young person’s learning and development? E.g. The child/young person being a young carer)* |
| **Parents and Carers factors:** |
| *(Basic Care, Safety and Protection / Emotional Warmth and Stability / Guidance Boundaries and Stimulation if relevant)* |
| **Any other relevant factors:** |
| *(that impact on the child/young person’s learning, progress, development, health, emotional well-being? Please include historical relevant information e.g. Hospital admissions, multiple area moves)* |

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| **Pre-school / Early Years Foundation Stage outcomes** |
| *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 …………… key used ………….Child’s age on 2nd assessment …………… key used ………….Child’s age on 3rd assessment ……………. key used …………. |
|  | **Age bands** |
|  | 0-11 months | 8-20Months | 16-26Months | 22-36Months | 30-50Months | 40-60 Months | Early learning goals |
| **Personal, social and emotional development** |  |  |  |  |  |  |  |
| Self-confidence and self-awareness |  |  |  |  |  |  |  |
| Making relationships |  |  |  |  |  |  |  |
| Managing feelings and behaviour  |  |  |  |  |  |  |  |
| **Physical development** |  |  |  |  |  |  |  |
| Moving and handling  |  |  |  |  |  |  |  |
| Health and self-care  |  |  |  |  |  |  |  |
| **Communication and language**  |  |  |  |  |  |  |  |
| Listening and attention |  |  |  |  |  |  |  |
| Understanding |  |  |  |  |  |  |  |
| Speaking |  |  |  |  |  |  |  |
| **Literacy** |  |  |  |  |  |  |  |
| Reading |  |  |  |  |  |  |  |
| Writing |  |  |  |  |  |  |  |
| **Mathematics** |  |  |  |  |  |  |  |
| Numbers  |  |  |  |  |  |  |  |
| Shape, shape and measures |  |  |  |  |  |  |  |
| **Understanding the world** |  |  |  |  |  |  |  |
| People and communities  |  |  |  |  |  |  |  |
| The world |  |  |  |  |  |  |  |
| Technology |  |  |  |  |  |  |  |
| **Expressive arts and design**  |  |  |  |  |  |  |  |
| Being imaginative |  |  |  |  |  |  |  |
| Exploring media and materials |  |  |  |  |  |  |  |
| **School: National Curriculum/P Scales or, if National Curriculum levels no longer used, list equivalent and please give explanation of your schools assessment system and if using ARE, please note how far behind ARE the pupil actually is.** |
| **Date assessed** | **Year Group** | **Reading** | **Writing** | **Maths** |
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| **School: Outcome of other assessments:** |
| Test used: | Date: / / | Outcome: |
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| **FE and post-16 providers: Baselines and progress assessments towards  qualification (attach if necessary):** |
| Test / assessment used: | Date: / / | Result: |
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| **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 you worried about? (Difficulties including how they impact on their everyday life)**

**2. Cognition and learning*** **What is working well? (Existing strengths)**
* **What are you worried about? (Difficulties including how they impact on their everyday life)**

**3. Social, emotional and mental health** * **What is working well? (Existing strengths)**
* **What are you worried about? (Difficulties including how they impact on their everyday life)**

**4. Sensory and /or physical needs*** **What is working well? (Existing strengths)**
* **What are you worried about? (Difficulties including how they impact on their everyday life)**
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| **Supporting evidence: attach relevant plans and reviews that show progress towards planned outcomes; parent / child engagement** |
| Details of (at least most recently reviewed 2) relevant education early intervention plans (e.g. Provision maps / IEPs) attached where relevant? Yes / No (delete as required) For LAC only: Details of personal education plan attached Yes / No (delete as required) |
| **Details of the professionals and organisations currently involved with supporting the child or young person.***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,** **full address, 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, provider and assessing professional agree this is up to date and represents current needs and provision? (yes / no)** |
| Educational Psychology Service (EPS) |  |  |  |  |  |
| Behaviour Support Service (BSS) |  |  |  |  |  |
| Hearing Impairment Service (HI) |  |  |  |  |  |
| Visual Impairment Service (VI) |  |  |  |  |  |
| Advisory Service for Autism (ASA) |  |  |  |  |  |
| Paediatrician |  |  |  |  |  |
| Speech and Language Therapist Service (SALT/SLT) |  |  |  |  |  |
| Physiotherapy Service |  |  |  |  |  |
| Occupational Therapist (OT) |  |  |  |  |  |
| Child & Adolescent Mental Health Service (CAMHS)e.g. Enfield CAMHS, Tavistock Clinic, Royal Free Eating Disorder Service etc. |  |  |  |  |  |
| The Joint Service for Disabled Children (JSDC) including Early Intervention Support Service (EISS) |  |  |  |  |  |
| The Joint Service for Disabled Children (JSDC) including Cheviots specialist disability team |  |  |  |  |  |
| Looked After Children’s Team (LAC) |  |  |  |  |  |
| Leaving Care Service |  |  |  |  |  |
| Child Protection and Family Support Team  |  |  |  |  |  |
| Referral and Assessment Service |  |  |  |  |  |
| Child Sexual Exploitation Prevention Team (CSEP) |  |  |  |  |  |
| Youth Offending Unit(YOU) |  |  |  |  |  |
| Parents Abuse and Reconciliation Service(PAARS)  |  |  |  |  |  |
| Change & Challenge |  |  |  |  |  |
| Parent Support Unit |  |  |  |  |  |
| COMPASS – drug and alcohol team |  |  |  |  |  |
| Integrated Learning Disabilities Service (ILDS) |  |  |  |  |  |
| Care Management Services |  |  |  |  |  |
| **Any other service or professional supporting Social, Emotional and Mental Health e.g. IAPT, Every Parent and Child, Dazu, school based counsellor or therapist, Place2Be, HEWS** |  |  |  |  |  |
| **Other(s)** |  |  |  |  |  |

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| **Please complete this timetable indicating subject/activity, support levels (e.g. 1:1, 1:6, 1:30 etc.) and any other special resources or reasonable adjustments that have been made for this child/young person or personalised timetable if applicable.** |
| **Monday** |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |
| **Any environmental modifications made following advice from professionals, such as specialist equipment or auditory environment, or as part of the anticipatory duties required by the equalities act.** |
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| **Has there been a need for staff advice/training/support to be able to support child / young person to achieve their outcomes?** |
| *(include specific training programmes here such as team teach)* |
| **Please describe a record of collaborating with parent to agree provision for child / young person, or explanation of action taken to secure it.** |
| *(review meetings of IEPs, meetings with the SENDCo/Inclusion lead, home contact book etc)* |

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| **Recommended outcomes** |

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| Please record your recommendations for strategies and interventions to meet any or all of these outcomes. If the previously agreed outcomes require amending or adding to please record your recommendations here. T*here is some really helpful guidance about preparing for adulthood across all ages to support everybody’s thinking in how we help even our youngest learners towards adulthood.*[https://www.preparingforadulthood.org.uk/SiteAssets/Downloads/yeded5wb636481748062535810.pdfal outcomes](https://www.preparingforadulthood.org.uk/SiteAssets/Downloads/yeded5wb636481748062535810.pdfal%20outcomes%20)are required, see box 6. |
| **Outcomes for education and employment:** |
| **Specialist resources:** *(what adults could provide to help me)* |
| **Strategies:** *(what any adult could do to help me)* |
| Direct interventions | Minimum amount of time  | Job role of person delivering |
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| **Outcomes for independence:** |
| **Specialist resources:** *(what adults could provide to help me)* |
| **Strategies:** *(what any adult could do to help me)* |
| Direct interventions | Minimum amount of time  | Job role of person delivering |
|  |  |  |
|  |  |  |
| **Outcomes for friends, relationships and community involvement:** |
| **Specialist resources:** *(what adults could provide to help me)* |
| **Strategies:** *(what any adult could do to help me)* |
| Direct interventions | Minimum amount of time  |  Job role of person delivering |
|  |  |  |
|  |  |  |
| **Outcomes for health and wellbeing:** |
| **Specialist resources:** *(what adults could provide to help me)* |
| **Strategies:** *(what any adult could do to help me)* |
| Direct interventions | Minimum amount of time  | Job role of person delivering |
|  |  |  |
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| **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** |
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| In submitting this application to request a statutory needs assessment, I consent for Enfield council to seek and share advice on me/my child with professionals relevant to this process including educational psychology service, health provider services, education settings, family services and social work, and any other professionals and services identified in this request. ***I understand that this also means I am consenting to my information being shared with Enfield Council SEN by other services as deemed appropriate for assessment purposes (such as NHS and Social Care) and may not be asked to sign further consent accordingly.*** ***I also understand that this means I am consenting to a full assessment by all relevant services (such as NHS and Social Care) if I/my child are not already known to them.*** |
| **Name:**  |  |
| **Signature:** |  |
| **Date:** |  |

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| **Checklist**Please enclose the following supporting evidence with your request where appropriate:

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| 2 full review cycles and current outcomes set (e.g. IEPs, support plans) |  | EP involvement/consultation |  |
|  Therapy referral form (if appropriate)  |  | Any other service/agency involvement/consultation |  |
| All about me form |  |   |  |

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**This form can 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.**

It is preferred that this is not posted as it can cause significant delays and risk that it goes missing, however, should you need to post this document, please contact SEN at 020 3 821 1919 so that we can be aware you will be sending it.

**Please do not email this form directly to the Advisory Officer**