

Education, Health and Care Needs Assessment Request 0-5

Pupil Information

First (Preferred) Name			
Surname			
Pronouns		D.O.B	
Gender (delete as appropriate)	Male / Female / Other	Yr Group	
Home Address <i>(please check any changes to contact details)</i>			
Parent/carer Name			
Parent/carer Email/Address if different from above			
Parent/carer Name			
Parent/carer Email/Address if different from above			
School / Setting			

Declaration of Consent

Data Protection Act. This information is being collected for the purpose of determining the educational needs of the named pupil but will also be shared with other relevant professionals such as teachers, health, and social workers etc. to inform their work. The information collected will also be used for the wider purpose of providing statistical data to assist with monitoring provision and/or determining areas of need to target future resources.

For further information please see the [SEND Team Privacy Notice](#)

Signed <i>(SENCO or Head)</i>		Date	
Signed <i>(Parent / Carer / Young Person)</i>		Date	

Broad Area of Need – Please rank Primary need as 1 and other needs in order of significance			
Communication and Interaction	Cognition and Learning	Social, Emotional and Mental Health	Sensory / Physical / Medical
Professionals involved			
(Please delete or add as appropriate and ensure that contact details are filled in, in the appendices)			
Registered General Practitioner (GP) Surgery		Is there a Child in Need or Child Protection Plan in place?	
		Yes / No	
Has an Early Help been considered, if not why is it not appropriate at this time?			
<p>An Early Help referral is not required to make a request for and EHCP Need Assessment, however any information that has been gathered as part of the Early Help referral may support this application. If a child/YP has unmet needs that do not relate to SEND an Early Help referral should be made. This can be done at: Early help Cumberland Council</p>			

Attendance Data					
Last Year			This Year		
Autumn	Spring	Summer	Autumn	Spring	Summer
%	%	%	%	%	%

Reason for Request

Please describe the needs and behaviours of the child or young person, and the impact this has on learning.

Please include a description of the current issues that the child or young person is facing and what support has already been put in place and its impact in this section and the section below. The panel will need to see evidence or the assess, plan, do, review cycles that have been completed to and evidence of how the graduated response has been implemented to ensure that all appropriate steps have been taken prior a request for assessment being submitted.

Chronology of support and intervention

Description of Intervention / Period of Time / Demonstration of Assess, Plan, Do, Review cycles	What was the impact?	Who delivered it? (Role not name)	Recommended By

Summary of Progress

(If you have already completed EYFS Summary of Progress you can append the completed document and do not need to complete this section)

Assessment Tool Used

Choose an item.

Areas of Learning <i>(delete/add as relevant to Assessment Tool)</i>	Last assessment	Most recent assessment	Comments <i>(Please make it clear where achievement is made independently or with support)</i>
Personal, Social and Emotional			
Physical			
Communication and Language			
Literacy			
Mathematics			
Understanding of the World			
Expressive Arts and Design			

Current Provision Map

It is expected that the setting will provide additional support from their core funding (Element 2). The nationally prescribed threshold per pupil per year is currently £6,000. (For further information on this please see CoP 9.14 and 9.15, also 5.45 and 6.44) Please detail how core (Element 2) funding is currently used to support the child / young person in the educational setting

Type of Intervention/Activity	Type of Provision	Number of Pupils in Group	Duration of Session	Number of Sessions per Week	Total Hours per Child	Who delivers?	Cost £
E.g small group work to support literacy.	In class support	3	30mins	3	30 mins (90 mins/divided by 3 students)	Teaching Assistant	TA hourly rate
Communication Intervention	1:1 Withdrawal Support	1	30mins	2	60 mins	HLTA	HLTA Hourly rate
Total Cost							

Please ensure that the provision map above, clearly demonstrates that the current support is more than the element 2 funding.

Do not include your own provision map if the panel are not able to interpret the information within it for example:

- The map does not indicate how many children are supported at the same time by a member of staff.
- The exact amount of time spent supporting the child is not clear.

It is not clear what proportion of the member of staff's time is being used to support the child, or what the activity is.

Professionals Involved					
Name of Professional	Role	Email	Report Attached	Appendix Number	Name and Date of Report
	Choose an item.				
	Choose an item.				
	Choose an item.				
	Choose an item.				

Please include documentary evidence to support the description of the current situation and assessments or diagnosis as detailed in the Reason for Request Box on page 4.

Include only recent or relevant documents. Please do not submit documents that are out of date or that have been superseded e.g.

- Clinic appointment letters, where there is now a diagnosis letter,
- CPOMS records over 12 months old.
- Ealy help records over 12 months old.