

Early Years Request for Education Health and Care (EHC) Needs Assessment

A. Information

Child's first name		Child's last name		Also known as (if applicable)	
Date of Birth	dd / mm / yy	NC Year Group (Pre School Year = -1)		Male/Female	Home Language
Address				Postcode	
Is the pupil looked after by a local authority?	Yes / No	If YES please give the name of the local authority			

Name of parent(s)/ carer/those with parental responsibility				Relationship to child	
Address (if different from above)				Postcode	
Tel Number		Email address			
Do parents need support in accessing information?	Yes/No (if yes please give details)				

Current setting name & address			SENCo / Inclusion Manager	
Date of Admission		Sessions/Attendance		

Do you receive any SEN funding from the Local Authority for this child?	Yes/No	If yes, indicate how many hours -
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B. Reason for the request

Please provide background and reasons for now requesting an EHC needs assessment

From section 9:14 of the Code of Practice which states that the LA should consider whether, despite relevant and purposeful action to identify, assess and meet the needs of the child or young person they have failed to make expected progress.

C. Profile of Need (guidance on PON is available at www.portsmouthlocaloffer.org)

Profile Area	Previous Profile Score (0 - 4)	Current Profile Score (0 - 4)	Commentary (this is individual description of the child / young person's special educational needs and their circumstances - not merely a cut & paste of the descriptor in the profile document) Include any diagnoses from professional's reports. Provide concrete examples. Refer to developmental stages e.g. is working in 16-26 months at a chronological age of 42 months. Include any assessment results that have been made available.
Physical / Health / Medical	<i>Insert score from first review</i>	<i>Insert latest score</i>	<i>Insert commentary</i>
Hearing			
Vision			
Speech & Language			
Cognitive Ability			
Specific Learning Difficulties			
Emotional Development			
Social Development			
Dispositions & Attitude			



D. Progress

EYFS Areas of Learning	Communication and Language			Physical Development		Personal, Social and Emotional Development			Literacy		Mathematics		Understanding the World			Expressive Arts and Design		
	Listening and attention	Understanding	Speaking	Moving and handling	Health and self-care	Self-confidence and self-awareness	Managing feelings and behaviour	Making relationships	Reading	Writing	Numbers	Shape, space and measure	People and communities	The world	Technology	Exploring and using media and materials	Being imaginative	
Term 1 (age in months: Date:																		
Term 2 Age in months: Date:																		
Term 3 Age in months: Date:																		

Child's chronological age at the time of the request	
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E. Relevant Health Information

RELEVANT HEALTH INFORMATION		Individual Health Care Plan		Yes /No (attach if yes)
Health Need / Diagnosis	Health Professional Involved / Contact details	Date diagnosed	Current status (e.g. current /discharged)	

F. Relevant Social Care information

SOCIAL CARE INFORMATION	
Social Care involvement: Yes / No	The Social Worker is [name]:
Child is subject to the Single Assessment Framework (SAF): Yes / No (attach if yes)	The lead professional is [name]:
<ul style="list-style-type: none"> • Does the child have an active Child in Need Plan? Yes / No • Does the child have an active Child Protection Plan? Yes / No • Is the child known to the Youth Offending Team? Yes / No • Other relevant information: (i.e. a court order is in place) 	

G. Specialist Professional Involvement (E.P., O.T., S.L.T., Paediatrician, Specialist Teacher Advisers, Area INCO, Specialist Health Visitor etc.)

Referral(s) made to/interventions delivered by non-school agencies (table detailing service, start/finish dates, advice/assessments, direct work with child, direct work with parent/carer)

Agency Please detail: -Which agency -The named person -The address, telephone number & email.	Start Date	End Date	Advice given / intervention recommended (a) pre-school context (b) home context	Evidence of implementation, e.g. SEN Support Review Plan / IEP etc.	Review date (e.g. X weeks from recommendation)	Impact RAG R = No impact A = some, not sustaining G = good, and sustaining

H. Special Educational Provision

Special Educational Provision	Intervention	By whom	Size of Group	Where	Session Length	How often	Outcome



Details of impact/progress							
Special Educational Provision	Intervention	By whom	Size of Group	Where	Session Length	How often	Outcome
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Details of impact/progress							

i. **Parent/Carer Support and Home Environment** - i.e. information can be taken Single Assessment Framework (SAF).

Basic Care (including ensuring safety)	
Emotional warmth and stability	



Guidance, boundaries and stimulation	
Family history, functioning and well being	
Wider family networks of support	
Housing, employment and financial considerations	
Social and Community Elements	

J. Parental consent

I agree to the Education, Health and Care needs assessment being requested and undertaken.

I agree to information being collated, shared and used as part of the Education, Health and Care needs assessment process.

If an assessment is made, I give my consent for any medical examination and psychological assessment and agree to make my child available for the appointments made.

I hereby give consent to the following agencies/services being contacted:

Health professionals

Children's Social Care

Education Service

I understand that I have the right to request restrictions on what information can be shared and with whom, but understand that this may affect the service offered to my child. Please state any restrictions in the box below.



I understand the information will be held in accordance with the Data Protection Act 1998, and stored securely on both paper and computer records

I understand that I can withdraw consent to share information at any time by putting my request in writing to the SEN team.

I confirm that I have parental responsibility for the named child in this assessment.

Is there anyone else who has parental responsibility for this child, and needs to be informed of this assessment process?

Yes No

If yes, please give details:

Name:

Date of Birth:

Address:

Telephone No:

Parent/Carer/ Guardian
Signature

Date dd / mm / yy

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K. Signature of person(s) making the request.

The following people identified in this plan have agreed to make an application for an EHC needs assessment:			
Name	Role & Contact Details	Signature	Date
	Head Teacher, Principal or SENCO		dd / mm / yy
			dd / mm / yy
			dd / mm / yy

CHECKLIST

- Parent/carer involvement in discussion of special needs, supporting child's achievements of targets, home/school agreements.
- The views, hopes and aspirations of the child i.e. 'This is Me'.
- Evidence of a baseline assessment – from which progress can be measured.
- SMART targets set and pupil achievement towards these monitored and recorded.
- Additional and different resources made available to enable the achievement of targets.
- Two terms of evidence from IEPs.
- Review dates – with recorded evidence of formal reviews and subsequent adaptations to targets and strategies.

- Advisory professionals involvement and evidence that their advice has been actioned – including Educational Psychologists, specialist educational advisers, other agencies working in consultation with teachers e.g. speech and language therapist, with reports compiled within the last year.**
- Educational Psychologist involvement is essential at this stage unless there are exceptional circumstances (for example an emergency assessment of a pupil that has moved into the area, and where these are obvious and immediate needs).**
- Evidence of a cycle of advice, implementation and review of progress with the outside agency.**
- Strategies used with details of arrangements which are beyond differentiation and are additional to and different from those normally available e.g. OT, SALT, Physio programmes.**
- 2 year check.**
- Medical history where relevant.**
- An Individual Health Care Plan, where relevant.**
- Early Years SEN Support Plan.**

