Essex County Council logo


Education, Health and Care Needs Assessment Information Form

Early Years Education

This information is sought in accordance with the Children and Families Act 2014. In the first instance all educational settings are required to use their best endeavours to meet the needs of children and young people identified with Special Educational Needs.

# Guidance

Please refer to the [Essex EHC needs assessment guidance](https://send.essex.gov.uk/help-learning/help-people-high-support-needs) before making a request. The guidance outlines what needs to be considered prior to making a request for an EHC needs assessment including the Inclusion Framework, One Planning (graduated approach) and Ordinarily Available. To inform the decision, the local authority will need to consider a wide range of evidence that is also outlined in the guidance. The detailed appendix sets out the evidence to support a request for an EHC needs assessment across the four broad areas of need: cognition and learning, communication and interaction, social, emotional, and mental health difficulties and sensory and/or physical needs.

In line with the SEN Code of Practice (2015) education settings are advised to discuss the request for an EHC needs assessment fully with parents/carers and young people and to only submit a request with their agreement. A [permissions form](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fsend.essex.gov.uk%2Fsites%2Fdefault%2Ffiles%2F2022-11%2FEssex%2520Permissions%2520EHCNA%2520form%25202021_1.docx&wdOrigin=BROWSELINK) should also be completed where possible.

# Child’s Details

|  |  |
| --- | --- |
|  | Please provide as much detail and as accurately as possible. |
| First Name (s): |  |
| Surname: |  |
| Date of Birth: |  |
| Gender: |  |
| Is this child in care/looked after? |  |
| Name of Setting (Maintained/Non-Maintained): |  |
| Age (in months): |  |

|  |  |
| --- | --- |
|  | Answer Yes or No to the following areas of needs, depending on the child’s needs. |
| Communication & Interaction: |  |
| Cognition & Learning: |  |
| Social, Emotional & Mental Health: |  |
| Sensory &/or Physical: |  |

# Parent/Carer (s) Details

|  |  |
| --- | --- |
|  | Please fill out both sections if applicable. |
| Parent/Carer (1) Full Name: |  |
| Address: |  |
| Post Code: |  |
| Contact Number: |  |
| Contact Email: |  |
| Parent/Carer (2) Full Name: |  |
| Address (if differs): |  |
| Post Code: |  |
| Contact Number: |  |
| Contact Email: |  |

# Current Attendance Record

Please provide as much information as possible and record attendance using number of sessions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Educational Setting | Period (Dates) | Actual Attendance | Possible Attendance | Percentage Attended |
|  |  |  |  |  |
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# Section A: The identified Special Educational Needs

Please provide a brief description of need, and what the difficulties are acting as barriers to curriculum access and progress? You may wish to complete more than one section. Please refer to the guidance and appendix of evidence required when filling out this section; [click here to view or download the guidance.](https://send.essex.gov.uk/help-learning/help-people-high-support-needs)

|  |  |
| --- | --- |
| Communication and Interaction |  |
| Cognition and Learning |  |
| Social, Emotional and Mental Health |  |
| Sensory and/or Physical Needs |  |

**Are there any relevant/significant health and/or social care factors?** Yes /No (delete as appropriate)

If the answer is yes, please attach copies of relevant information.

# Section B: Attainment/Ability Assessments/Milestones Met

This form aligns to the areas of learning in the Statutory Framework for the Early Years Foundation Stage (EYFS, 2021) and we acknowledge that different settings may use different non-statutory assessment tools appropriate to the child’s needs. Therefore, when completing the developmental age section on this form practitioners will be assessing the level of development that the child is currently at, drawing on their knowledge of the child and using their own professional judgement (EYFS, 2021).

If you have used an alternative model, or if your One Planning/graduated approach covers all these areas, please attach instead.

## Early Years Foundation Stage

#### **Characteristics of Effective Teaching and Learning**

* **Playing & Exploring:** Children investigate and experience things, and ‘have a go’
* **Active Learning:** Children concentrate and keep on trying if they encounter difficulties, and enjoy achievements
* **Creating & Thinking Critically:** Children have and develop their own ideas, make links between ideas, and develop strategies for doing things

|  |  |
| --- | --- |
|  | Please provide an overview of the child in the following three areas of Effective teaching and Learning |
| Date: |  |
| Playing & Exploring |  |
| Active Learning |  |
| Creating & Thinking Critically |  |

## Areas of Learning and Development

### Prime Areas

#### **Communication & Language**

|  |  |  |
| --- | --- | --- |
|  | Date of Assessment: | Developmental Age (Months): |
| Listening, Attention and Understanding |  |  |
| Speaking |  |  |

#### **Personal, Social & Emotional Development**

|  |  |  |
| --- | --- | --- |
|  | Date of Assessment: | Developmental Age (Months): |
| Self – Regulation |  |  |
| Managing Self |  |  |
| Building Relationships |  |  |

#### **Physical Development**

|  |  |  |
| --- | --- | --- |
|  | Date of Assessment: | Developmental Age (Months): |
| Gross Motor Skills |  |  |
| Fine Motor Skills |  |  |

### Specific Areas

#### **Literacy**

|  |  |  |
| --- | --- | --- |
|  | Date of Assessment: | Developmental Age (Months): |
| Comprehension |  |  |
| Word Reading |  |  |
| Writing |  |  |

#### **Mathematics**

|  |  |  |
| --- | --- | --- |
|  | Date of Assessment: | Developmental Age (Months): |
| Number |  |  |
| Numerical Patterns |  |  |

#### **Understanding the World**

|  |  |  |
| --- | --- | --- |
|  | Date of Assessment: | Developmental Age (Months): |
| Past and Present |  |  |
| People, Culture and Communication |  |  |
| The Natural World |  |  |

#### **Expressive Arts and Design**

|  |  |  |
| --- | --- | --- |
|  | Date of Assessment: | Developmental Age (Months): |
| Creating Materials |  |  |
| Being Imaginative & Expressive |  |  |

# Section C: Current Support Arrangements

Give details of the targeted support provided for the child that is additional to and different from normal differentiated group arrangements. Please attach One Plan if available. **Or please attached a funded provision map that details this information separately**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Intervention | Intended Outcomes from Intervention | Frequency, Duration, Style of Delivery (Group/Individual) | Delivered by (Indicate Role) | Funding amount | Start Date | Review Date | Outcomes (Achieved, Partially Met, Not Met) |
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# Section C: Additional Support

What additional support do you feel is required over and above that already provided?

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| --- | --- | --- | --- | --- |
| Name of Intervention: | Intended Outcomes from Intervention: | Frequency, Duration, Style of Delivery (Group/Individual); | Predicted cost: | Delivered by (Indicate Role): |
|  |  |  |  |  |
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# Section C: Professional Involvement

Please indicate if there is or has been involvement from any educational support services (e.g. Educational Psychologist, Sensory Specialist Teacher), health and/or social care (if reports are available please attach and indicate in the table)

|  |  |  |  |
| --- | --- | --- | --- |
| Service Provided by: (Name & Role): | Date(s) of Report(s): | Date(s) Assessed: | Brief description of evidence attached: |
|  |  |  |  |
|  |  |  |  |
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Has there been an integrated review for this child? Yes /No (delete as appropriate)

If the answer is yes, please attach copies of outcomes

# Section D: Funding

Please provide details of any additional funding that you access for example

* Early Years Inclusion Funding
* SEN Premium Funding
* Free Early Education Entitlement for 2-Year-Olds (FEEE2)
* Disability Access Fund (DAF)
* Disabled Living Allowance (DLA)
* Early Years Pupil Premium

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| --- | --- | --- |
| Term (Add Dates): | Rate of Funding Per Hour: | Total Funding Amount: |
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# Section E: Sign

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| --- | --- |
|  | Please sign this form indicating your role in the organisation |
| Title: |  |
| Full Name: |  |
| Signature: |  |
| Date: |  |
| Contact Email: |  |
| Contact Number: |  |

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|  |  |
| --- | --- |
| Mid: Covering Braintree, Chelmsford, Halstead and Maldon | South: Covering Basildon, Billericay, Brentwood, Castle Point, Rochford and Wickford |
| [EHCRequestMid@essex.gov.uk](mailto:EHCRequestMid@essex.gov.uk)  **SEND Operations**  E2 County Hall  Market Road  Chelmsford  CM1 1QH | [EHCRequestSouth@essex.gov.uk](mailto:EHCRequestSouth@essex.gov.uk)  **SEND Operations**  Ground floor, Ely House  Churchill Avenue  Basildon  SS14 2BQ |
| **North East:** Covering Colchester and Tendring | **West:** Covering Epping, Harlow and Uttlesford |
| [EHCRequestNorthEast@essex.gov.uk](mailto:EHCRequestNorthEast@essex.gov.uk)  **SEND Operations**  Rowan House, Essex CC  33 Sheepen Road  Colchester  CO3 3WG | [EHCRequestWest@essex.gov.uk](mailto:EHCRequestWest@essex.gov.uk)  **SEND Operations**  Ground floor, Goodman House  Station Approach  Harlow  CM20 2ET |

# For Office Use

|  |  |
| --- | --- |
| Date Received: |  |
| Response Due By: |  |
| Officer: |  |
| Initiation Panel Date: |  |
| Permissions form completed (Yes or No): |  |
| Date of Permission: |  |