

Education, Health and Care Needs Assessment Information Form

Post 16 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.

# Young Person’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)

|  |  |
| --- | --- |
| Speech, Language, Communication and Learning |  |
| 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

Please provide information regarding the current programme of study (which may include work related learning), course level, planned hours, current achievements and any predicted grades.

Provide any other records of assessments/qualifications that have been undertaken whilst attending the setting alongside any previous qualifications.

Alternatively, you may wish to attach a printout of tracking data.

Providing attainment/assessment information (including previous scores) is key to ensuring progress can be monitored over time.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Assessed: | Year Group: | Age: | Name of Test/Assessment: | Result/Score: |
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## Current Assessments

|  |  |  |  |
| --- | --- | --- | --- |
| Date Assessed: | Age: | Name of Assessment: | Result/Score: |
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| --- | --- | --- | --- | --- |
| Date: | Name of Course: | Course Level: | Current Grade: | Predicted Grade: |
|  |  |  |  |  |
|  |  |  |  |  |
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# 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 E: Sign

|  |  |
| --- | --- |
|  | 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**SEND Operations** E2 County HallMarket RoadChelmsfordCM1 1QH | EHCRequestSouth@essex.gov.uk **SEND Operations**Ground floor, Ely HouseChurchill Avenue Basildon SS14 2BQ |
| **North East:** Covering Colchester and Tendring | **West:** Covering Epping, Harlow and Uttlesford |
| EHCRequestNorthEast@essex.gov.uk**SEND Operations**Rowan House, Essex CC33 Sheepen RoadColchesterCO3 3WG | EHCRequestWest@essex.gov.uk **SEND Operations**Ground floor, Goodman HouseStation 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: |  |