

**Education, Health & Care Plan**

**Education Setting Request for EHC Needs Assessment**

For early years settings, schools, and post-16 settings.

This request is made in accordance with Section 36 of the Children and Families Act 2014.

| **Child’s Name** |  |
| --- | --- |
| **Child’s Date of Birth** |  |
| **Educational Setting** |  |

| 1. **Key information**
 |  |
| --- | --- |

| Full legal name: |  |
| --- | --- |
| Chosen name: |  |
| Date of birth: |  |
| Year group: |  |
| Sex: |  |
| Unique Pupil No: |  |
| Home language: |  |
| Social Care status: | Child Looked After ☒ Child Protection ☐ Child In Need ☐Looked after by which authority: Wirral Council |
| Child or young person’s address: |  |
| Parent/Carer Name 1:  |  |
| Relationship:  |  |
| Phone: |  |
| Email:  |  |
| Parent’s address if different from above: |  |
| Parent/Carer Name 2:  |  |
| Relationship:  |  |
| Phone: |  |
| Email: |  |
| Parent’s address if different from above: |  |

| 1. **Child’s or young person’s Special Educational Needs (SEN)**
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| --- |

1. Please rank the areas of SEN. Primary area of need = 1. Insert 2, 3 and 4 for any further areas of need.

|  | Cognition and learning |
| --- | --- |
|  | Communication and interaction |
|  | Social, emotional & mental health  |
|  | Sensory and /or physical |

1. Please provide a description of all SEN

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

1. Are there health, social care, or other needs impacting on education?

| Health |
| --- |
|  |
| Social care |
|  |
| Other (e.g., attendance) |
|  |

| 1. **Attainment and progress data**
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| --- |

| 1. Is the child’s/young person’s progress in line with expectations for their age?
 | Yes ☐ | No ☒ |
| --- | --- | --- |
| 1. Is the child/young person making expected progress from their baseline, considering your understanding of their learning profile?
 | Yes ☐  | No ☒ |

1. Please complete the relevant table below OR attach your own progress report

Early years

|  | The child is progressing well | Some additional support might be needed | Significant emerging concerns or identified SEND |
| --- | --- | --- | --- |
| Communication and Language |  |  |  |
| Personal, Social and Emotional Development |  |  |  |
| Physical |  |  |  |
| Literacy |  |  |  |
| Mathematics |  |  |  |
| Understanding the World |  |  |  |
| Expressive Arts and Design |  |  |  |

Primary or Secondary

Please include, where possible, data for the last 2 years.

| Year Group | Reading | Writing | Maths | Science |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

| *If your school uses a specific system (e.g. emerging, developing, secure) please briefly explain:* |
| --- |

| *Include here any narrative or additional information that you want to highlight:* |
| --- |

Post 16

| Please use empty box below or attach details of courses/programmes attended by the young person and details of attainment and progress. |
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|  |

| 1. **Special educational provision**
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1. Where is the child / young person on the Graduated Response?

| ☒ | Quality first teaching |
| --- | --- |
| ☒ | SEN Support |
| ☐ | Receives High Needs Support |

1. Further information can be provided here:

|  |
| --- |

1. Attach appropriate documents that show provision in place for the child/young person and the related outcomes OR complete the table below.

| 1. Name of Provision
 | SMART outcome | Size of group: in class, group, 1:1 | Frequency & Duration | Delivered by | Has outcome been met:  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **☐** Met **☒** Partly Met **☐** Not Met |
|  |  |  |  |  | **☐** Met **☐** Partly Met **☒** Not Met |
|  |  |  |  |  | **☐** Met **☐** Partly Met **☒** Not Met |
|  |  |  |  |  | **☐** Met **☒** Partly Met **☐** Not Met |
|  |  |  |  |  | **☐** Met **☒** Partly Met **☐** Not Met |
|  |  |  |  |  |  |

| 1. **Specialist involvement**
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1. Which professionals are already involved? Please attach any recent and relevant reports.

| **Role** | **Name** | **Contact details** | **Date of the report attached:** |
| --- | --- | --- | --- |
| Educational Psychologist |  |  |  |
| SENISS |  |  |  |
| Early Years Professionals |  |  |  |
| Paediatrician |  |  |  |
| Health Visitor |  |  |  |
| Speech & Language Therapist |  |  |  |
| Occupational Therapist |  |  |  |
| Physiotherapist  |  |  |  |
| Social Worker |  |  |  |
| Early Help Professional |  |  |  |
| Other (please state) |  |  |  |

1. Please detail any further information about the child/young person that you think is relevant to the request

|  |
| --- |

| 1. **Signature**
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| --- |

| *Please sign this form indicating your role* |
| --- |
| **Name:** |  | **Signature:** |  |
| **Date:** |  | **Position:** |  |
| **Email address:** |  | **Contact number:** |  |

| 1. **Consent from parent or young person**
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| --- |

* I/we can confirm that this request for an EHC needs assessment has been discussed with me/us.
* I/we hereby give permission to contact professionals from Education, Health and Social Care to obtain any further information required.
* I/we consent to information being shared with relevant professionals during the EHC needs assessment process.

In all cases where this is a young person aged 16 or above this form must be signed by the young person themselves. Cases where this does not apply are only where the young person lacks the mental capacity to make a particular decision. In these circumstances this form can be signed on their behalf by their parent or a representative appointed on their behalf.

| Name of parent or young person:  |
| --- |
| Signature: |
| Date: |

**Please return this form to:**

By email use: senreferrals@wirral.gov.uk or by post use: Wirral SEND Team Wirral Counci PO Box 290 Brighton Street Wallasey Wirral CH27 9PQ