

School / setting information for an EHC Needs Assessment (SEN04)



Name of Young Person			
Year group		Date of birth	
Current School / setting			
Name and role of person submitting this referral			
Contact email and phone number for person submitting this request			

Part 1**Child/Young Person's Details:**

Name: <i>Child's full legal name (Include Also Known As in brackets)</i>			
Date of birth:		Gender: <i>Male/Female/Prefer Not to Say</i>	
Home address: <i>Full address including postcode</i>			
Ethnicity:		Religion:	
Parent(s)/person(s) with parental responsibility			
Name: <i>Parent/carer 1</i>			
Relationship to child:			
Address:			
Telephone Number:			
Mobile number:			
E-mail address:			
Name: <i>Parent/carer 2</i>			
Relationship to child:			
Address:			
Telephone Number:			
Mobile number:			
E-mail address:			
Is the child looked after? Current CLA status? <i>Yes/No If Yes: CIN/ CP/ Special Guardianship Order</i>			
Name and contact details of Social Worker <i>Please include details of current Social Worker, Social</i>			

Care team, email and contact number	
Care authority e.g. Warwickshire	

UPN													
NHS No.													
Mosaic No.													

Are there any other adults with parental responsibility for this child/young person?

YES / NO

If YES, please give details below.

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Do parents have any access issues eg: disability, a literacy barrier	Yes	No
If yes please provide details of any reasonable adjustments that the LA will need to take into account to support the family through this process.		

Placement History

Current setting	
Address	
Contact email	
Phone number	

Previous School/Setting(s)	Start Date	Date off roll

Is this child/young person registered or taught predominantly outside of his/her chronological year group? YES / NO

If YES, please give details:

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Part 2

Reasons for request

Please indicate the primary area(s) of need identified. Please prioritise (1,2-primary/secondary need)							
Cognition and Learning		Communication and Interaction		Social, Emotional and Mental Health		Physical/Sensory/Medical	
Moderate learning difficulties		Speech and language difficulties		Social difficulties		Physical difficulties	
Specific learning difficulties		Autistic Spectrum Disorder		Emotional difficulties		Visual impairment	
Severe learning difficulties		Social communication difficulties		Mental health difficulties		Hearing impairment	
Profound and multiple learning difficulties				ADD/ADHD		Medical difficulties	

Explain the reason(s) for requesting this EHC assessment

You should consider the following areas:

Communication and Interaction (including speech and language difficulties, expressive and receptive language difficulties)

Social, emotional and mental health (including friendships and relationships, emotional needs, anxiety, self-esteem)

Cognition and Learning difficulties

Sensory difficulties

Independence

Physical (eg fine/gross motor_)

(This section may increase to several pages)

Previous and current support in school from outside agencies. Please include the full names, address, email and phone numbers for ALL outside agencies as SENDAR are unable to request advice without these details

Service	Name of professional and full contact details, including address, email and telephone number	Date(s) of visit, assessment or intervention	Outcome (e.g. advice, assessment, discharge)
Educational Psychology			
Specialist Teaching Service			
Integrated Disability Service			
Speech and Language			
Occupational Therapy (inc. Sensory)			
Physiotherapy			
CAMHS			
Social Care Reports eg Child in Need, CAF			
Others			

Please cross-reference this with the information from the Provision Matrix (which should be included with this referral)

Attainment and achievement

Early Years Foundation Stage Curriculum Levels: Date of Assessment: _____

Personal Social and Emotional Development	Communication and Language	Physical Development

Last Reported National Curriculum

Attainments/P Levels:

Date _____ NC Year ____

English Reading	English Writing	Maths	Science

Current Attainment – please give age-related data alongside the school's assessment so that SENDAR can interpret the information

Date _____ NC Year ____

English Reading	English Writing	Maths	Science

Level of Progress

Please provide details of last 3 years' progress, and information with regards to the school's method of tracking progress if National curriculum Levels are not used

Date	English Reading	English Writing	Maths	Science

Additional progress information may be attached from school data tracking systems

Qualifications achieved to date:
(GCSEs, Asdan, A levels, BTec etc.)

Qualification	Grade Achieved	Date Achieved

(A printout may be attached if appropriate)

History of Test Data:

All test data must be included in chronological order.
Standardised scores and percentiles must be given.

Name of Test	Date	Standardised score	Percentile	Date	Standardised score	Percentile	Date	Standardised score	Percentile

Please attach additional school data / information regarding progress, objectives, attainment and outcomes

The referral **must** include all of the documents listed below to be considered a full referral. The completed form should be shared and amended with parents/carers at the family conversation. Schools should invite independent parent support to the family conversation with parents' consent.

	Included
SEN02 Individual Provision Matrix	
Professional reports/assessments	
Attendance data	
Attainment and progress data (with age related expectations and relative progress information)	
SEN05 Family Conversation	
SEN06 My (CYP's) Views	
Social Care reports if appropriate	

The contents of this referral have been shared with parents/carers.

- All sections of this referral form have been completed in full.

SENCO Signature _____ Date _____

(Please print) _____

Headteacher Signature _____ Date _____

(Please print) _____

Privacy Statement - How your information may be used

Information provided in this form will be used by Warwickshire County Council to comply with our legal obligations under the Children and Families Act 2014. It may also be shared with other agencies and service providers to ensure that your child's needs are met. Information will only be shared with third parties in accordance with the General Data Protection Regulation. To see how we use your personal data and what your information rights are, please read the Education and Learning privacy notice. It should be read in addition to the council's overall customer privacy notice, which includes the contact details if you have a complaint about your information rights, go to www.warwickshire.gov.uk/privacy. For general enquiries, contact Warwickshire County Council customer services on 01926 410410.

Declaration

I confirm that I have read and understood all of the information included in this request. I certify that the information that I have provided is correct.

If this proceeds to an EHC Needs Assessment, I consent to the involvement of external agencies (such as educational psychology, therapies, specialist teachers etc) when gathering further information as part of this process.

Please tick:

Signature of parent/carer.....Date