**SEN04**

**School / setting informationto support an EHC Needs Assessment**

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**How to submit the request:**

The documents must be saved as:

The title of the document, the date (YY-MM-DD) of the document if it’s a report and the name of the child, eg

Family Conversation, Jim Smith

School Information, Jim Smith

EP report 22-06-22, Jim Smith

Remove ALL passwords

Where you can, save documents as Word Docs without signature and then as a PDF with signatures

No need to include examples of work, photos of work areas.

Check all pages are there in longer documents

Please send as separate individual documents; not saved as individual pages, photos of individual pages or the entire bundle as one PDF.

The referral **must** include all of the documents listed below to be considered a full request.

|  |  |
| --- | --- |
|  | Included |
| External professional reports from last 12-18 months |  |
| Social care reports / information inc Early Help\* |  |
| Health information and diagnoses\* |  |
| Attendance data (including exclusions, periods out of school) |  |
| Costed Provision Breakdown |  |
| Weekly timetables for last 3 terms (one for each) |  |
| SEN05 Family Conversation |  |
| SEN06 My (CYP’s) Views |  |

\*if appropriate

**Email the request with the docs as attachments or in a zip file to sen@warwickshire.gov.uk**

**SECTION 1**

**Young person’s details:**

**\*Please check with the carers/parents that these details are all correct. This document should be shared with both parents and the Family Conversation must involve, and include information from, both parents (or those with PR).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name:**  *(Include Also Known As in brackets)* |  | | | |
| **Date of birth:** |  | | **Gender:** *Male/Female/Other/Prefer Not to Say* |  |
| **Home address:**  *Full address including postcode* |  | | | |
| **Ethnicity:** |  | | **Religion:** |  |
| **UPN:** |  | | **NHS Number and GP details:** |  |
| **If the young person is 16 or over, please discuss with the family and confirm who the LA should communicate with throughout this process:** | Just the young person? | |  | |
| Just the parents/those with PR? | |  | |
| Both the young person and parents/those with PR | |  | |
| **Parent(s)/person(s) with parental responsibility** | | | | |
| **Name:**  *Parent/carer 1/young person* | |  | | |
| **Relationship to child (if not the YP:** | |  | | |
| **Address:** | |  | | |
| **Telephone Number:** | |  | | |
| **Mobile number:** | |  | | |
| **Email address:**  (you MUST include this) | |  | | |
| **Name:**  *Parent/carer 2* | |  | | |
| **Relationship to child:** | |  | | |
| **Address:** | |  | | |
| **Telephone Number:** | |  | | |
| **Mobile number:** | |  | | |
| **Email address:**  (you MUST include this) | |  | | |
| **Health Information**  *It is expected that any health needs have been explored and assessed prior to a request for an EHCNA as part of the graduated response, therefore recent health information is required.* | | Is the young person currently receiving support/input from RISE (previously known as CAMHS)? Please detail in what capacity (ensure these documents have been attached to the request): | | |
| Does the young person have other health needs/input? Please detail in what capacity (ensure these documents are attached to the request): | | |
| **Social Care:** *This must be stated and you must include most recent report* | | State whether the young person receives support through Early Help, Child in Need, Child Protection,  Other or no social care involvement:  (If this changes after the request is submitted, please inform SENDAR) | | |
| **Name and contact details of Social Worker / FSW/Early Help Worker**  *Include details of current Social Worker, Social Care team, email and contact number* | |  | | |
| **Does anyone within social care have parental responsibility? Give details** | |  | | |
| **Care authority**  *e.g. Warwickshire* | |  | | |
| **Does the family / young person require support for communication? Please give further details about what support they may require** | |  | | |

**SECTION 2**

**Education history**

|  |  |
| --- | --- |
| **Current setting** |  |
| **Current year group**  *(Give details if not in chronological year)* |  |
| **Start date** |  |
| **Address** |  |
| **Contact person** |  |
| **Contact email** |  |
| **Phone number** |  |

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

**SECTION 3**

**Reason for EHCNA request (if known)**

|  |  |
| --- | --- |
| **Background**  *Briefly describe significant history eg, attendance, events, timeline* |  |
| **Reason for this request/ why is an EHCNA being requested** |  |
| **Other important information you would like to be considered** | (eg is there information missing from the APDR process? Why? Are there any exceptional circumstances you would like the panel to consider?) |

**Description of special educational needs, social care needs and health needs**

|  |  |
| --- | --- |
| **Description of SEND and how SEND impacts the young person** | What is the young person’s main area of need?  Communication and Interaction  Social, emotional and mental health  Cognition and Learning  Current age-related attainment:  Describe progress over time:  Physical/sensory |
| **Description/ timeline of Social Care history and current involvement** |  |
| **Description / timeline of Health history and current involvement** |  |

**SECTION 4**

**Overview of progress and attainment (please delete if not relevant to young person’s age)**

**Early Years:**

EYFS Scores

Where the child is in Early Years show assessment over time where possible, using the EYFS and/or include image of teaching Talking Profile. Where using levels please include age related descriptor.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Date: | Score | Date: | Score | Date: | Score |
| Communication |  |  |  |  |  |  |
| PSED |  |  |  |  |  |  |
| Physical |  |  |  |  |  |  |

Does the young person receive Inclusion Funding Grant?

If yes, when from?

How much does the setting receive?

(please attach any further info)

**Primary:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Core areas: current attainment in relation to age-related expectations.** | Reading | | Writing | | Maths | |
| Current age / year | Current attainment in relation to peers | Current age / year | Current attainment | Current age / year | Current attainment |
| Eg Year 5 | Working at Emerging Year 2 |  |  |  |  |
| Other info eg phonics | | Other info eg spelling | | Other info eg using/applying | |
| **Other areas (eg. Communication and interaction, social skills, independence, physical)** | Area: | | Area: | | Area: | |
| Current age / year | Current attainment | Current age / year | Current attainment | Current age / year | Current attainment |
|  |  |  |  |  |  |
| Area: | | Area: | | Area: | |
| Current age / year | Current attainment | Current age / year | Current attainment | Current age / year | Current attainment |
|  |  |  |  |  |  |

Description of progress

|  |  |
| --- | --- |
| Area (eg Maths, social skills, independence) | Descriptions of progress over time compared to expectation/targets |
|  |  |
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**Secondary:**

|  |  |
| --- | --- |
| Key Stage 3 and 4: Is this young person on track to meet end of KS4 targets? Describe progress in key areas, in relation to their end of KS2 outcomes and to their peers. | English:  Maths:  Other areas, eg social/emotional/independence/lang and communication: |

**Post 16:**

Describe progress and current attainment in key areas, in relation to their end of KS4 outcomes and to their peers.

|  |  |
| --- | --- |
| **Area/subject/course** | **Description of progress/attainment** |
|  |  |
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**Standardised Assessments:**

Please detail here standardised assessments and percentiles (previous key stage)

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Test | Standardised Score | Percentile |
|  |  |  |  |
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(Please use the Costed Provision Breakdown to further evidence progress relating to specific interventions)

**SECTION 5**

**External professional involvement**

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| --- | --- | --- | --- | --- | --- |
| **History of external educational professional involvement (including SALT, EPS, OT, Physio, Specialist Teachers)** | **Name and contact details of professional** | **Service and organisation** | | **Dates, and nature of involvement (advice given/outcome)** | **Date of report(s)** |
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|  |  | |  |  |
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| **History of social care involvement, CIN, Early Help, Family Support Worker** |  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| **History of health involvement** |  | |  |  |  |
|  | |  |  |  |
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|  | |  |  |  |

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

* All sections of this referral form have been completed in full. I certify that the information that I have provided is correct.

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](http://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 I am aware of the information included in this request.  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.    Signature of parent/carer (or young person if 16 or over, or delegated to parent/carer if over 16 as appropriate):  ………………………………………………………….Date ……………………..…..  Please print name: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |