



Warwickshire County council

Setting request for EHCNA
Guidance

Completing the request form

- All mandatory fields marked with* must be completed with the relevant information to progress the referral
- Missing information may result in the request being cancelled and a new referral required
- You don't have to complete the form in one go, however you will need to submit your referral in order to go back and edit later
- This guidance document talks you through the required fields in your first sitting and how to save/submit and return to complete.

Checklist

The first section of the form provides you with all the information you will be required to submit as part of the request

Please try to ensure you have everything you need before you start

Warwickshire Setting Request for EHCNA

Request Checklist -

The following provides an overview of the information required to compete this request - **Please note failure to complete all fields in the referral may result in the application being cancelled and a new application required.**

You can submit your application and return at a later date to complete and edit your responses.

Before final submission please ensure all fields are completed (unless optional) and include any uploaded documentation.

Section 3 - Child/young person personal details -

- Full name/preferred name,
- DOB,
- Sex at birth/gender identity/pronouns,
- Ethnicity/Language,
- Diagnosis and dates,
- NHS and UPN numbers if applicable,
- Parental responsibility,
- Key parental/young person contact details and access requirements,
- GP details,
- Social care details.

Section 4 - Setting information -

- Setting history,
- Attendance and exclusion information,
- any changes to timetable,
- attainment (reading, writing, maths) qualifications,
- SEN register dates,
- Pupil premium.

Section 5 - Other professionals -

- Information of any other involvement including, frequency, contact information.

Section 6 - Reason for Request -

- Areas of need,
- Reason for request,
- Evidence of graduated response (at least 2 cycles including monitoring and review) ,
- Exceptional circumstances.

Section 7 - Costed interventions -

- Any interventions either recommended by professionals or implemented by the setting, their cost frequency and impact.

Section 8 - Consent and further information required -

- Email address of key parent/carer/young person contact

You will be required to upload any relevant information

- **Non WCC reports or letters of diagnosis,**
- **A Family conversation,**
- **Signed parental declaration,**
- **Child views if applicable**

First submission

Within the first sitting you will be required to complete sections 2 and 3 **in full**.

Section 2 – Setting requesting

Key contact details and information about the completing setting and person

Section 3 – Child/young person details

- Full name/preferred name
- DOB
- Sex at birth/gender identity/pronouns
- Ethnicity/Language
- Diagnosis and dates
- NHS and UPN numbers if applicable
- Parental responsibility
- Key parental/young person contact details and access requirements
- GP details
- Social care details.

Warwickshire Setting Request for EHCNA

* Required

Setting request

1. Select the name of the setting completing this referral *

Abbey C of E Infant School

2. Key setting Contact name *

Test

3. Key setting contact number *

1234

4. Key setting email address *

test@warwickshire.gov.uk

5. What is the child/young person's current School Year *

Year 2

6. Is the child/young person educated out of year group? *

☐ Yes

☒ No

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Warwickshire Setting Request for EHCNA

* Required

Child/ Young person details

7. Full Name *

test test

8. Preferred Name (optional) *

Enter your answer

9. Date of Birth *

DD/MM/YYYY

10/01/10

10. What is the child/young person's biological sex? *

We recognise that sex and gender are different and that someone's biological sex may not necessarily match their gender. However, we request this information for medical purposes. There is a question on gender following this.

☒ Female

☐ Male

☐ Intersex

☐ Prefer not to say

11. How would they describe their gender? *

☒ Female

☐ Male

☐ Non-binary/gender/ gender fluid

☐ Prefer not to say

12. Does the child/young person identify as trans/transgender? *

☐ Yes

☒ No

☐ Prefer not to say

13. Preferred pronouns (optional) *

Enter your answer

14. Ethnicity *

Asian, Asian British or Asian Welsh Bangla...

15. First Language *

English

17. Main diagnosis *

ASC

18. Date of diagnosis (MM/YY) *

05/16

19. Any other diagnosis *

Please add diagnosis and date

ASD 12/24

NA

20. NHS Number (if known) *

If known can usually be found on diagnosis letter or Health report

1234

21. UPN (unique pupil number) if known *

Enter your answer

22. Is the child/young person under 18? *

☒ Yes

☐ No

23. Who has parental responsibility for the child/young person? *

Please list all those with parental responsibility. Parental responsibility is automatically the mother and anyone named on the child/young person's birth certificate or awarded a parental responsibility order through court proceedings.

Mrs Test warwick

Mr Tester Warwick

24. If the child/young person is over 16 who would be the main contact for communication? *

Please note if the young person is over 16 we will automatically communicate with them unless otherwise stated here.

☒ Parent

☐ young person

☐ Both parent and young person

25. How would the key contact prefer communication? *

☐ Email

☒ Telephone

☐ Post

☐ Other

26. Parent contact details (Please provide the relevant communication method) *

The acknowledgment of the request and subsequent communication will use the details provided

12345

27. Young person contact details (Please provide the relevant communication method) *

The acknowledgment of the request and subsequent communication will use the details provided

Enter your answer

28. Does the key contact have any access requirements? *

(to include interpreter, translation etc.)

NA

29. Has any direct relative (Parent/sibling) of the child/young person served or is serving in the Armed Forces? *

☐ Yes

☒ No

30. GP Details- Surgery Name and address *

the surgery

warwick street

warwick

cv34

31. Has the child/young person been known to social care in or outside of Warwickshire? *

☐ Yes

☒ No

32. Is there anything you think we should know about the family situation and relationships with the child or young person for this request? *

NA

33. Are there any data sharing concerns we need to be aware of? *

Please state N/A if not appropriate

eg. sharing/not sharing address of foster carer etc.

NA

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First submission

The only other section you are required to complete on the first submission is the final section of the form which allows the submission to be saved and provides editing access should you not have completed the form in full the first time.

We also ask that you tell us whether this is a final submission or not to help us process your request as efficiently as possible.

Warwickshire Setting Request for EHCNA

* Required

Consent and next steps

44. Is the request complete? *

Are all the sections finalised and all fields completed? (other than optional)

☐ Yes

☒ No

You can print a copy of your answer after you submit

[Back](#) [Submit](#)

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If you are not completing the whole form in the first sitting, please ensure you select the NO option here

Thank you your referral has been submitted.

If any further information is required we will be in touch otherwise you will receive communication once a decision has been made (within 6 weeks).

Kind regards
SENDAR

Important thing you can do next

[Save my response to edit](#)

[Submit another response](#)

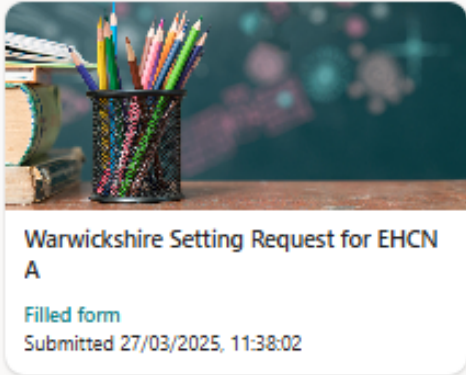
Once you hit submit you will receive this message:

Click on the box to save your response to edit.

If you don't already have an account, it will ask you to create one (once created you will not need to do this in the future).

Returning to your request to continue submission

Recent My forms **Filled forms** Shared with me Favourites



Once logged in to MS forms you will enter a home page like this click on filled forms and the submitted forms will show



Click on the form you require and you will then be able to view responses



To edit your responses click on the above at the top of the screen

Please remember to select submit if you need to leave the form and return to ensure your changes are saved

Final submission

Once you have completed the whole form and are ready to submit you will be asked to provide a final few details and to confirm submission.


Following submission of this form you will receive an automated email with a reference number please include this in your email.

- **Email any supporting documents to sen@warwickshire.gov.uk**
 - Reports or diagnosis letters
 - Family conversation (New online version)
 - Signed parental declaration
 - Child views if applicable
- **PLEASE NOTE WE DO NOT REQUIRE ANY OTHER DOCUMENTATION such as behaviour logs, attendance reports, photo's, suspension letters, appointment letters etc.**
- **PLEASE CLEARLY NAME THE DOCUMENTS WITH - WHAT IT IS, DATE OF REPORT, INITIALS OF CHILD i.e. STS review 14-02-25 JB**
- **Provide an email address for the parent/carer/young person so we can send them confirmation of the referral.**

Warwickshire Setting Request for EHCNA

* Required


Consent and next steps

55. Is the request complete? * 

Are all the sections finalised and all fields completed? (other than optional)


☒ Yes

☐ No

56. I confirm that all information provided in this form is correct to the best of my knowledge. * 

☐ Yes

☐ No

57. **Please confirm you have emailed your supporting documentation to sen@warwickshire.gov.uk** * 

This may include

Any relevant diagnosis letters

Any private (non WCC) reports

Family conversation

Child views (if applicable)

Signed parental/young person declaration

Please do not send additional documentation such as behaviour logs, attendance reports, photo's, suspension letters, appointment letters, they are not required.

PLEASE CLEARLY NAME THE DOCUMENT WITH - WHAT IT IS, DATE OF REPORT, INITIALS OF CHILD i.e.

STS review 14-02-25 JB

Following submission of this form you will receive an automated email with a reference number please include this in your email.

☐ Yes I confirm I have emailed supporting documentation

58. **Please provide the email address of the parent/carer or young person 18+. We are legally required to inform them we have received this referral.** * 

Please enter an email

59. **Please note an application with missing information/fields will be unable to be processed and could result in the referral being cancelled and a new referral would be required.** * 

☐ I confirm I understand and have submitted the required information

You can print a copy of your answer after you submit

Please ensure you change the request to complete this lets us know that the submission is complete.

Replacement of Family Conversation

- The family conversation (SEN05) has been replaced by a MS form www.warwickshire.gov.uk/parentcarerehcnarequest
- How does this gets completed?
 - Depending on the family/young person you may decide to do this in a number of way i.e.
 - Invite the family to a meeting and complete together
 - Talk it through with the family and send the link to complete themselves
 - Signpost the family to SENDIASS or the family information service to support with completing the form
- Should it be required, a word version of the form is available here however please only use this in extenuating circumstances.