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**Request for an Education, Health and Care (EHC) Needs Assessment for a Child or Young Person aged 0 to 25**

The request must be typed, word processed or completed online.

If you need information this form in a different format like accessible PDF, large print, easy read, audio recording or braille, please [contact us](https://www.dorsetcouncil.gov.uk/contact/web-team). We will consider your request within 3 working days and get back to you.

Make sure you have read the guidance in Sections 36 – 50 of the Children and Families Act 2014 ([Children and Families Act 2014 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/2014/6/contents/enacted) before you complete this form.

Educational settings: Before you make a request for an Education, Health and Care Needs Assessment, you should demonstrate that you’ve taken purposeful, relevant and sustained action to understand, assess and meet a child or young person’s special educational needs. Make sure you record evidence of interventions, progress and attainment within the form itself, even if you provide extra information.

GENERAL INFORMATION

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| --- |
| **Child/Young Person’s details** |
| **First name/s** |  | **Prefers to be known as (if different from first name)** |  |
| **Middle name/s** |  | **Surname/s** |  |
| **Date of birth** |  | **Main method of communication** |  |
| **Sex** |  | **Gender and preferred pronouns** |  |
| **Home address** |  |
| **Telephone number (if over 16)** |  | **Email address (if over 16)** |  |
| **Ethnicity** |  | **Religion** |  |
| **Languages spoken at home** |  | **Is interpretation required?** |  |
| **Parents’/Carers’ details** |
|  | **Parent/Carer 1** | **Parent/Carer 2** |
| **Name and title** |  |  |
| **Address** |  |  |
| **Telephone number** |  |  |
| **Email address** |  |  |
| **Name of those with Parental Responsibility**  |  |  |
| **Name/s of siblings** |  |
| **Social Care details** |
| **Legal Status** | **Identified as a ‘Child in Care’?** | Yes / No |
| **Identified as a ‘Care Leaver’?** | Yes / No |
| **Subject to a Child Protection Plan?** | Yes / No |
| **Subject to a Child in Need Plan?** | Yes / No |
| **Subject to any other Care Order?** | Yes / No |
| **Name and contact details of Social Worker (if applicable)** |  |
| **Name, address and contact details of Social Care Team (if applicable)** |  |
| **Health details** |
| **Name of GP** |  | **NHS Number** |  |
| **Address of GP** |  | **Clinical Commissioning Group** |  |
| **In receipt of Continuing Care package (if under 18)?**  | Yes / No | **In receipt of Continuing Healthcare package (if over 18)?** | Yes / No |
| **Educational Placement details** |
| **Name of current educational placement** |  |
| **Previous educational placements and types attended, and dates of attendance** |  |
| **Is the Child/Young Person being educated in their chronological year group? If not, please give details.**  | Yes / No | **If not, has this been agreed by the Local Authority?** | Yes / No |
| **Unique Pupil Number (UPN)** |  |

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| **Attendance information** |
| Attendance during the last year | Autumn term attendance  |  |
| Spring term attendance |  |
| Summer term attendance |  |
| Total attendance |  |
| Total authorised absence |  |
| Total unauthorised absence |  |
| If attendance was below 90%, was a referral to Early Help completed? | Yes |  | No |  |
| If the Child or Young Person is of statutory school age, are they receiving full time education? | Yes |  | No |  |
| If not receiving full time provision, please give reasons for this |  |
| Has the Child or Young Person received any Fixed Term Exclusions? | Yes |  | No |  |
| If yes, please detail the dates, duration and the reasons for these |  |
| Any other relevant information |  |



SECTION A

All About Me

Please feel free to attach your own ‘one-page profile’ if you have made one with your family, carers or professionals. Whilst this section can be filled out on behalf of the Child/Young Person, it must reflect their views, wishes and aspirations.

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| **My views and aspirations**Pleasecomment in relation to leisure, friendships, further education, adult life, independent living, work and training. |
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| **My story**A brief history of the Child/Young Person, including any diagnoses and dates, key events in their life, school moves etc. |
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| **My likes and dislikes** |
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| **What I am good at** |
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| **What I find most difficult** |
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| **How best to communicate with me**For example, this could be through speech, visual resources, Makaton, British Sign Language, TaSSels etc. |
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| **The important people in my life; family, friends and favourite people** |
| **Name** | **Relationship** |
| Add rows to this table as required |  |

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| **Did anyone help me complete Section A or complete on my behalf?** |
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| **My Parents’/Carers’ views and aspirations for me**Please comment in relation to education, play, health, friendships, sixth form/college/further education, independent living and employment. |
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| **What I/my Parents/Carers hope for as an outcome of the EHC Needs Assessment**Please comment in relation to education, the future, additional support etc.  |
|  |

SECTION B

Educational Needs

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| **Cognition and Learning**  |
| **Strengths** |
| *Please identify any strengths in relation to Cognition and Learning and progress made in this area.*  |
| **Special Educational Needs and how these affect learning** |
| *Please identify any diagnoses and barriers to learning in relation to Cognition and Learning special educational needs and specify how these impact on learning and progress.*  |

|  |
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| *Please complete this table even if you’ve provided supplementary information, to record long term progress and attainment using EYFS/P Scales/ARE/Standardised Age Scores (SAS)/GCSE levels or your school’s tracking data end of KS/teacher assessment.* *Ensure all columns in the table are completed, or specify if there is a reason you are unable to provide the information.* *Please provide an explanatory document where you’ve used your school’s own tracking system. If the progress and attainment information is not clear and understandable we will not be able to consider the EHC Needs Assessment request as complete and will therefore need to return it for clarfication.* |
| Subject or area of learning | Attainment and progress levels two years ago (include date of assessment) | Attainment and progress levels one year ago (include date of assessment) | Current attainment and progress levels (include date of assessment) | Progress in relation to individual projected expectations | Progress in relation to Age Related Expectations (ARE). If below ARE, specify the Year Group curriculum they work within | Target level for end of the year/next year |
| e.g., EYFS | N/A – not in EYFS | Emerging 8-20 months (October 2018 | Expected 8-20 months (December 2019) | Expected (December 2020) | Developing (December 2020) | Secure 8-20 months (By July 2021) |
| e.g., KS3 | 90 KS2 Sats (July 2018) | 1 (July 2019) | 2 emerging (July 2020) | Expected (May 2021) | Developing (May 2021) | 2 Secure (By July 2022) |
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Add rows to this table as required

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| **Communication and Interaction** |
| **Strengths** |
| *Please identify any strengths in relation to Communication and Interaction and progress made in this area.*  |
| **Special Educational Needs and how these affect learning** |
| *Please identify any diagnoses and barriers to learning in relation to Communication and Interaction special educational needs and specify how these impact on learning and progress.*  |

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| --- |
| **Social Emotional and Mental Health** |
| **Strengths**  |
| *Please identify any strengths in relation to Social, Emotional and Mental Health and progress made in this area.*  |
| **Special Educational Needs and how these affect learning** |
| *Please identify any diagnoses and barriers to learning in relation to Social, Emotional and Mental Health special educational needs, and specify how these impact on learning and progress.*  |

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| **Physical and Sensory Needs** |
| **Strengths** |
| *Please identify any strengths in relation to Physical and Sensory and progress made in this area.*  |
| **Special Educational Needs and how these affect learning** |
| *Please identify any diagnoses and barriers to learning in relation to Physical and Sensory special educational needs and specify how these impacts on learning and progress.*  |

SECTION C

Health Needs

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| **Health needs which relate to the Child/Young Peron’s Special Educational Needs and Disabilities** |
| *Please include only diagnoses that have been formally confirmed by a medical professional (including date given), which relate to SEND, and state the impact on learning and daily life. If any of the following documents are relevant, please detail here and attach (if related to SEN):** *Evidence of diagnoses*
* *Health Care Plan*
* *Continuing Care report (children’s)*
* *Continuing Healthcare report (adults’)*
* *Reports from any other health services*
 |
| **Any other health needs** |
| *Please include only diagnoses that have been formally confirmed by a medical professional (including date given), which are not related to SEND and do not impact on learning but may still be useful to include as they impact on daily life. If any of the following documents are relevant, please detail here and attach (if not related to SEN):** *Evidence of diagnoses*
* *Health Care Plan*
* *Continuing Care report (children’s)*
* *Continuing Healthcare report (adults’)*
* *Reports from any other health services*
 |

SECTION D

Social Care Needs

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| --- |
| **Current information** |
| *Please ensure that the Social Care details of the ‘General Information’ section at the start of the form are completed for any Child or Young Person who is:** *Identified as a Child in Care*
* *Identified as a Care Leaver*
* *Subject to a Child Protection Plan*
* *Subject of a Child in Need Plan*
 |
| Does the Child or Young Person have an allocated Social Worker? If yes, please include contact details on the ‘General Information’ page at the start of the form | Yes |  | No |  |
| Is the Child or Young Person known to Social Care? If yes, please specify which team.  | Yes |  | No |  |
| Has a Care Act (2014) Assessment been undertaken? | Yes |  | No |  |
| Has a Care Act Carer’s Assessment been undertaken? | Yes |  | No |  |
| Has an Early Help assessment been undertaken? | Yes |  | No |  |
| Has a Transitions assessment been undertaken? | Yes |  | No |  |
| Does the Child or Young Person receive Short Breaks? | Yes |  | No |  |
| Is there a Care and Support Plan in place? | Yes |  | No |  |
| Is the Child or Young Person known to the Youth Offending Service?If yes, please include details of the allocated worker | Yes |  | No |  |
| Is the Young Person known to the Police or the Probation Service?If yes, please include details of the allocated worker | Yes |  | No |  |
| **Social care needs which relate to the Child/Young Person’s Special Educational Needs and Disabilities** |
| *Please provide details of the Child or Young Person’s social care needs. This information can come from a range of people, not just Social Care teams, and can include information such as difficulties with independence skills, social interaction, access to the community etc., however this must be related to the special educational needs. Reference can also be made to CP or CIN Plans in this section if they are related to SEN needs.* |
| **Any other social care needs** |
| *Please include any social care needs which are not related to SEN, but which may be helpful to note e.g., difficulties with housing, pressures within the home such as siblings with difficulties, involvement with Youth Justice System,* *Child in Care/Care Leaver, reference to CP or CIN Plan which is in place due to family issues such as neglect etc.* |

SECTION E

Desired Outcomes

An outcome is described as “the benefit or difference made to an individual as a result of an intervention”.

Outcomes must be related to each identified area of the Child/Young Peron’s Special Educational Needs and also link with their aspirations. They must be SMART: Specific, Measurable, Achievable, Realistic and Time-Bound.

Outcomes must also be linked to the Preparation for Adulthood (PFA) sections listed below, and in particular for those in Year 9 and above:

**PFA 1.** Progression to further/higher education, training and/or employment

**PFA 2.** Independent living and housing

**PFA 3.** Friendships, relationships and being part of the community

**PFA 4.** Being as healthy as possible in adult life

*Based on the needs identified in Section B, C and D above, please detail the desired outcomes for the Child or Young Person. These should ideally be written in collaboration with the Child or Young Person to ensure they are working towards their aspirations (where appropriate), their parents/carers and all other professionals involved in their support.*

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| --- | --- | --- | --- | --- | --- |
| **Outcomes** | Please put an ‘X’ next to the services providing support in relation to the outcome, and the ‘Preparing for Adulthood’ sections that each outcome works towards | PFA 1 | PFA 2 | PFA 3 | PFA 4 |
| **Outcome 1** |  |  |  |  |  |
| Education |  | Health |  | Social Care |  |  |
| **Outcome 2** |  |  |  |  |  |
| Education |  | Health |  | Social Care |  |  |
| **Outcome 3** |  |  |  |  |  |
| Education |  | Health |  | Social Care |  |  |
| **Outcome 4** |  |  |  |  |  |
| Education |  | Health |  | Social Care |  |  |
| **Outcome 5** |  |  |  |  |  |
| Education |  | Health |  | Social Care |  |  |
| **Outcome 6** |  |  |  |  |  |
| Education |  | Health |  | Social Care |  |  |

Delete rows as necessary

SECTION F, G and H

Provision

**Three Waves of Intervention**

*Please feel free to include a separate costed provision map in your own format if it still provides the information required below*

**Wave 1 (Universal)**

|  |  |
| --- | --- |
| Strategies and provision |  |

**Wave 2 (Targeted Interventions)**

|  |  |
| --- | --- |
| Provision/External service input |  |
| Description of provision/external service input |  |
| Areas of need that the intervention targets*Please delete areas of need that are not relevant* | Cognition and LearningCommunication and InteractionSocial, Emotional and Mental HealthPhysical and Sensory |
| Dates provided (from – to) |  |
| Duration of session |  |
| Number of sessions per week |  |
| Number of attendees in session |  |
| Provider (e.g., TA, Specialist Teacher, Speech and Language Therapist etc.) |  |
| Cost per week*If the intervention is not 1:1, please calculate individual cost* |  |
| Evidence of full evaluation and Graduated Approach – Understand, Plan, Do, Review cycle. *Please comment on whether the intervention was successful, what was not successful and why, what the impact was on the Child or Young Person, and the outcome of the intervention.* |  |
| Title of supporting evidence attached in appendices e.g., Graduated Approach pro forma, Physiotherapy assessment, CAMHS report etc.  |  |

Copy and paste the table for each provision/external service input

**Wave 3 (Specialist Interventions)**

|  |  |
| --- | --- |
| Provision/External service input |  |
| Description of provision/external service input |  |
| Areas of need that the intervention targets | Cognition and LearningCommunication and InteractionSocial, Emotional and Mental HealthPhysical and Sensory |
| Dates provided (from – to) |  |
| Duration of session |  |
| Number of sessions per week |  |
| Number of attendees in session |  |
| Provider (e.g., TA, Specialist Teacher, Speech and Language Therapist etc.) |  |
| Cost per week*If the intervention is not 1:1, please calculate individual cost* |  |
| Evidence of full evaluation and Graduated Approach – Understand, Plan, Do, Review cycle. *Please comment on whether the intervention was successful, what was not successful and why, what the impact was on the Child or Young Person, and the outcome of the intervention.* |  |
| Title of supporting evidence attached in appendices e.g., Graduated Approach pro forma, Physiotherapy assessment, CAMHS report, Special School Outreach report etc.  |  |

Copy and paste the table for each provision/external service input

|  |  |
| --- | --- |
| Is there any provision that has been recommended that is not currently in place? If yes, please give details, explain why this is needed and the impact it will make and the length of time it is required for. Please also advise if this is not yet being provided. |  |
| Provide details of any training courses relevant to the needs of the Child or Young Person that staff have attended within the last 18 months, and/or training resources that have been used, e.g., Precision Teaching, Emotional Literacy training, Autism Awareness training, Relational Practice. |  |

SUMMARY, CHECKLIST AND AUTHORISATION

**Summary**

|  |
| --- |
| Please summarise the reason for requesting an Education, Health and Care Needs Assessment and describe why it is being requested at this time. Please also detail why the Child or Young Person’s needs cannot be met through Wave 1 and Wave 2 intervention, and what the expected impact an Education, Health and Care Plan would have on their learning, if it were to be agreed by the Local Authority.  |
|  |

**Checklist of essential attachments for an Education, Health and Care Needs Assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dorset’s Graduated Approach Framework.*Information provided should evidence how the school has implemented targeted and specialist provision to meet the pupil’s needs and identify where needs are not being met or areas where progress is not being made.**This must include:** + *graduated cycles of Assess, Plan, Do, Review at SEN Support (school level plan or Early Help assessment and plan)*
	+ *Evidence that the Assess, Plan, Do, Review cycle has sought and incorporated advice from relevant professionals, and that this advice has been implemented and its impact measured.*
	+ *Evaluation and review of the impact over time of targeted programmes or interventions.*

*Include the two most recent SEN support plans and reviews at SEN support and supplementary information such as a provision map.* | Yes |  | No |  |
| Costed provision map (only required if Provision section above is not completed).Annotated timetables showing hours, group sizes, support in place.*The information provided should reflect the action taken by the setting following professional recommendations / advice.* | Yes |  | No |  |
| Attainment and tracking data for the Child or Young Person, including an explanatory document if a school’s own tracking system has been used.*This must be provided and should show data over several terms or academic years to identify progress made.* | Yes |  | No |  |
| Written reports from external professionals e.g., Health, Social Care, EP, Occupational Therapy etc. *These should ideally be less than 12 months old, unless they are Health reports confirming a diagnosis.*  | Yes |  | No |  |
| Evidence of how the external professionals’ recommendations have been implemented and reviewed.*This could be evidenced through the setting level plans or review from relevant professionals.* | Yes |  | No |  |
| In-house Plans (where appropriate), such as:* Pastoral Support Plan
* Behaviour Management Plan
* Risk Assessment
* Positive Handling Plan
* Alternative Provision Reviews
 | Yes |  | No |  |
| Parental Information Gathering form. | Yes |  | No |  |

**Authorisations**

|  |
| --- |
| **Education setting authorisation**I confirm that, having followed the procedures outlined in the SEN Code of Practice and the Dorset Graduated Approach, the setting is making this request for an Education, Health and Care Needs Assessment. Signed:……………………………………………………**Headteacher/Manager/Principal/SENCO** (delete as appropriate)Name: Date: Would the SENCO like to sign up to our EHC progress tracker which will provide them with updates on the progress of this request?  Yes   / NoIf yes, please provide SENCO email:  |
| **Parent/Carer authorisation – only required if Child or Young Person is under 16, or over 16 but lacking mental capacity to consent to the EHC Needs Assessment*** I support this request for an Education, Health and Care Needs Assessment.
* I agree my child can be discussed and relevant information shared by all agencies involved in the EHC Needs Assessment process.
* I confirm that I consent to psychological and medical reports being obtained for my child if the EHC Needs Assessment is agreed.

Please put an ‘X’ in the relevant boxes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How would you prefer us to contact you? | Email |  | Phone |  |
| Do you consent to receiving communications regarding SEND Services? | Yes |  | No |  |
| Would you like to sign up to our EHC progress tracker which will provide you with updates on the progress of this request? | Yes |  | No |  |
| If yes, how would you like to receive updates?      | Email |  | Text |  |
| If the Young Person is over 16 but does not have capacity to consent to the EHC Needs assessment, please confirm that the Mental Capacity Assessment and Best Interests report evidencing this has been attached.      | Yes |  | No |  |

Signed:……………………………………………………**Parent/Carer** (delete as appropriate)Name: Date:  |
| **Data Protection*** When we process your personal data, we will do so lawfully and in compliance with our policies.
* Our lawful reason to process data is to follow the “Special Educational Needs and Disability Regulations 2014”. The GDPR, Article 9.2.(h) allows us to use Special Category (sensitive) personal data and Article 9.2.(h) allows us to process your data for the provision of “…health or social care systems or services…”.
* The laws we may use include the GDPR, the Data Protection Act 2018 and the Common Law Duty of Confidentiality. We will only use your personal data to supply a council service.

We will not share your personal data with anyone else unless there a lawful reason to do so. |

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| **Young Person authorisation – must be obtained if Young Person if over 16 and has mental capacity to consent to the EHC Needs Assessment*** I support this request for an Education, Health and Care Needs Assessment.
* I agree that information about me can be discussed, and relevant information shared by all agencies involved in the EHC Needs Assessment process.
* I confirm that I consent to psychological and medical reports being obtained for me if the EHC Needs Assessment is agreed.

Please put an ‘X’ in the relevant boxes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How would you prefer us to contact you? | Email |  | Phone |  |
| Do you consent to receiving communications regarding SEND Services? | Yes |  | No |  |
| Would you like to sign up to our EHC progress tracker which will provide you with updates on the progress of this request? | Yes |  | No |  |
| If yes, how would you like to receive updates?      | Email |  | Text |  |
| Would you prefer a parent, carer or other person to represent you during the EHC Needs Assessment? | Yes |  | No |  |
| If no, please move on to the signature section. If yes, please complete the questions below to show what your representative is authorised to do.  |
| Receive all paperwork from the Local Authority and professionals directly? | Yes |  | No |  |
| Only be copied into all paperwork from the Local Authority and professionals to you? | Yes |  | No |  |
| Receive all communications from the Local Authority and professionals directly? | Yes |  | No |  |
| Only be copied into all communications from the Local Authority and professionals to you? | Yes |  | No |  |
| Attend any meetings to discuss the EHC Needs Assessment on your behalf? | Yes |  | No |  |
| Attend any meetings to discuss the EHC Needs Assessment alongside you? | Yes |  | No |  |
| Make decisions about the content of the Education, Health and Care Plan if it is agreed, and any next steps? | Yes |  | No |  |
| Only be copied into discussions about the content of the Education, Health and Care Plan if it is agreed, and any next steps? | Yes |  | No |  |

Signed:……………………………………………………**Young Person**Name: Date: **Data Protection*** When we process your personal data, we will do so lawfully and in compliance with our policies.
* Our lawful reason to process data is to follow the “Special Educational Needs and Disability Regulations 2014”. The GDPR, Article 9.2.(h) allows us to use Special Category (sensitive) personal data and Article 9.2.(h) allows us to process your data for the provision of “…health or social care systems or services…”.
* The laws we may use include the GDPR, the Data Protection Act 2018 and the Common Law Duty of Confidentiality. We will only use your personal data to supply a council service.
* We will not share your personal data with anyone else unless there a lawful reason to do so.
 |

Please submit this Education, Health and Care Needs Assessment via **secure email**to the relevant locality email address below. This is the locality that they child or young person is currently living in:

Please include the subject line:

**Request for an Education, Health and Care Needs Assessment for [Child or Young Person’s full name and date of birth]**

* **Chesil locality**

chesillocality@dorsetcouncil.gov.uk
01305 762400

* **Dorchester locality**

dorchesterlocality@dorsetcouncil.gov.uk
01305 224220

* **East Dorset locality**

eastlocality@dorsetcouncil.gov.uk
01202 868224

* **North Dorset locality**

northlocality@dorsetcouncil.gov.uk
01258 474036

* **Purbeck locality**

purbecklocality@dorsetcouncil.gov.uk
01929 557000

* **West Dorset locality**

westlocality@dorsetcouncil.gov.uk
01308 425241