**EDUCATION ADVICE FOLLOWING A PARENTAL REQUEST /SELF REFERRAL FOR A STATUTORY EDUCATION, HEALTH AND CARE (EHC) NEEDS**

**ASSESSMENT**

In accordance with the Children and Families Act 2014 and SEND Code of Practice 2015, the local authority has received a parental request/self-referral for a statutory Education, Health and Care Assessment.

To help inform if an assessment is required, please fully complete this form and provide any evidence to support your views.

If you are unable to complete any sections, please explain why or advise if you feel this has not been necessary.

**Once the Word form is complete please go to the Assessment tab in the Portal and select the option titled “Education Advice Following Parental Request/Self Referral for a Statutory EHC Needs Assessment.” form there you can upload and submit the completed Word form.**

**See last page for screenshot of portal form**

**You can access the portal here**: [**https://www.newcastlelea.org/ProfessionalPortal\_LIVE**](https://www.newcastlelea.org/ProfessionalPortal_LIVE)

Information about the portal and how to register and make requests are on our local offer webpage: [**SEND Portal | Newcastle Support Directory**](https://www.newcastlesupportdirectory.org.uk/send-portal)

There is lots of support available without the need for an EHCP, and if you need any more help contact your caseworker or email [**EHCP@newcastle.gov.uk**](mailto:EHCP@newcastle.gov.uk)who will point you in the right direction**.**

**The form, and its supporting evidence, will be considered at a Panel meeting where professionals from Education, Health and Social Care will decide whether the presented learner’s needs indicate that a full statutory assessment is required. All information gathered will be shared with parents and key professionals.**

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| **SECTION 1: Child / Young Persons Personal Details** | | | |
| **Family Name** |  | **Forenames** |  |
| **Date of Birth** |  | **NCY** |  |
| **Gender** |  | **Home Language** |  |
| **Home Address** |  | | |
| **Postcode** |  | **Telephone No** |  |
| **Ethnicity** |  | **Religion** |  |
| **Educational / Learning Setting** |  | **Date of Admission** |  |
| **Legal Status (if relevant)** |  | | |
| **For young people over 16** | | |  |
| **Do they have mental capacity in relation to EHCP decision making** | | Yes No |  |
| **If no, who is acting as the young person’s representative?** | |  | |
| **If yes, does the young person want their parent/carer to support them in the EHCP decision making process** | | Yes No |  |

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| **SECTION 2: Child / Young Person’s Parent / Principle Carer(s) Details** | | | |
| **Name** |  | **Name** |  |
| **Address**  **(if different from above)** |  | **Address**  **(if different from above)** |  |
| **Postcode** |  | **Postcode** |  |
| **Telephone Number** |  | **Telephone Number** |  |
| **Email** |  | **Email** |  |
| **Other household members (Name and DOBs)** |  | **Other household members (Name and DOBs)** |  |

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| **SECTION 3: Your details** | | | | | | | | | |
| **Person completing this form:** | Parent / Carer | |  | Young Person |  | Setting |  | Other |  |
| **Name** | |  | | | | | | | |
| **Address** | |  | | | | | | | |
| **Relationship to Child / Young Person** | |  | | | | | | | |
| **Telephone / Email Address** | |  | | | | | | | |
| **Signature** | |  | | | | | | | |
| **Date** | |  | | | | | | | |

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| **SECTION 4: Evidence of Multi-Agency Working including Early Help, if applicable**  **(Please list below any known professionals who have recently been involved with the child/young person)** | |
| **Date of Multi Agency Review meeting that has identified that an EHC assessment is required** |  |
| **Name & Title of Worker(s) from Education** |  |
| **Name & Title of Worker(s) from Health** |  |
| **Name & Title of Worker(s) from Social Care** |  |
| **Early Help Registration Number (if known)** |  |
| **Name of Lead Professional and/or Key Worker** |  |

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| **SECTION 5: Evidence to demonstrate that a graduated response has been implemented including details of support provided from the Advice, Support and Assistance Panel (ASAP)** |
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| **SECTION 6: Evidence of Education, Health and Care Needs**  **(Please provide a detailed description of the child/young person’s needs below)**  ***Will form the educational advice needed if assessment is agreed to take place*** |
| **Background information and details of relevant educational history** |
|  |
| **Details of current support**  ***(Include SEN Support plan)*** |
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| **Summary of child of young person’s special educational needs**  ***(Please include any information relevant to the child or young person’s skills and strengths, needs and support. This should include what is working well and what is not working well in the following areas):*** |
| **Impact of need on cognition and learnings** |
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| **Impact of need on communication and interaction** |
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| **Impact of need on social, emotional and mental health development** |
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| **Impact of need on sensory and physical development** |
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| **Impact of need on self-help and independence skills** |
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| **Any other relevant health needs in relation to their SEN** |
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| **Any other relevant social care needs in relation to their SEN** |
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| **Details of family and community life which may impact SEN** |
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| **Detail action that has already been taken to support the child/young person including involvement and impact of outside agencies** |
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| **Identify area of need for each outcome** | **Section E – Outcome**  **Aims and aspirations**  *The long-term aim, e.g., at the end of Key stage / and the steps to be taken to achieve the long-term aim*  **SMART Targets** *(Specific, Measurable, Achievable, Relevant, Time bound)* | | | **Section F – Provision**  **Additional Educational support** Required for the child/young person. This is p*rovision provided which goes over and above quality first teaching and the mainstream guidance.* | | |
|  | **OUTCOME** | **To be achieved by** | **PROVISION** | | **By whom** | **Frequency and quantity** |
|  | **Long term outcome:** | | | | | |
|  | **Steps to help achieve the outcome:** | | | | | |
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|  | **Long term outcome:** | | | | | |
|  | **Steps to help achieve the outcome:** | | | | | |
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|  | **Long term outcome:** | | | | | |
|  | **Steps to help achieve the outcome:** | | | | | |
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|  | **Long term outcome:** | | | | | |
|  | **Steps to help achieve the outcome:** | | | | | |
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| **SECTION 7: Information Sharing** | |
| In line with the SEND Code of Practice the Local Authority **must** notify and gather information from relevant professionals about the education, health and care needs of the child / young person named above. This will include gathering and sharing of information with:  • Health services  • Social care services  • Educational and training providers  • Educational Psychologists  • Other professionals involved with the child or young person.  By signing this referral form you agree to this sharing of information | |
| **Name** |  |
| **Signature** | **Parent / Carer/ Young Person**  **(Please delete as appropriate)** |
| **Date** |  |

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| **SECTION 8: Documentation and evidence to support a request for an EHC needs assessment** | |
| **The following additional evidence of planning MUST be included in your application. This should include any additional reports that are available from any agency involved with the child or young person. Please tick to indicate that it is attached.** | |
| **The child/young person’s academic attainment and rate of progress. Including details of actions that have already been taken to support the child/young person over and above quality first teaching, which are usually provided and their impact (SEN Support Plan).** |  |
| **Pupil views** |  |
| **Parent/carer view** |  |
| **Recent information from education services** |  |
| **Recent information from any health services** |  |
| **Recent information from social care** |  |
| **Early Help Review** |  |
| **Arrangements for a young person over 14 to prepare for adulthood (if applicable)** |  |

When you have completed this form go to the Professional portal, select the child and go to the Assessment tab. Find the form titled **Education Advice Following Parental Request/Self Referral for a Statutory EHC Needs Assessment** andclick Start**.**

