

Education, Health and Care Needs Assessment Form (Primary Education)

This form can be used to refer a child to the Provision Agreement Panel for funding or to request an EHCP; or the LA can request you to complete this as part of an Education, Health and Care need assessment. Please indicate which one this is.

Referral to Provision Agreement Panel by School for funding <input type="checkbox"/>	
Request for Education, Health and care needs assessment <input type="checkbox"/>	Educational advice form for an Education, Health and care needs assessment <input type="checkbox"/>

CONTEXT

This information is sought in accordance with the Children and Families Act 2014. In the first instance all educational settings are required to use their best endeavours to meet the needs of children and young people identified with Special Educational Needs. In providing information, the educational setting must evidence the following:

- A copy of the child's SEN support Plan provided for them under the SEN Support Stage of the Code of Practice 2014;
- The educational establishment's assessment of the child's difficulties;
- The educational establishment's outcomes sought for the child person;
- The external professional advice that has been sought;
- Details of the support and interventions that have been provided for the child person over time;
- An assessment by the educational establishment of the progress made or lack of progress over time;
- What additional support the educational establishment feels is required which cannot be provided through its ordinary resources.

Young Person's Full Name:	Educational Setting:	
Date of Birth:	Private <input type="checkbox"/>	Maintained <input type="checkbox"/>
	Year Group:	Key Stage:
Young Person's Address:	Home Authority:	
	LAC: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parent/Carer Name:	2 nd Parent/Carer Name:	
Relationship:	Relationship:	
Parent's Address if different:	Parent's Address if different:	
Phone Numbers:	Phone Numbers:	

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Attendance Record – Please provide as much information as possible

Name of Educational Setting	Period (Dates)	Actual Attendance (No. of sessions)	Possible Attendance (No. of sessions)	Percentage Attended

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SECTION A:

The identified special educational needs - What do you consider the child's difficulties to be which are acting as barriers to curriculum access and progress. You may wish to complete more than one section. Please indicate which you consider is the main category of need.

Communication and Interaction	
Cognition and Learning	
Social, Emotional and Mental Health	
Sensory and/or Physical Needs	

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Are there any additional significant factors? If the answer is yes please attach copies of relevant information/advice

Health	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Home Circumstances	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attendance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Social Relationships	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION B:

Attainment/ Ability Assessments/ Milestones Met – include end of Foundation Stage levels

Date Assessed	Year Group	Key Stage	TA or SATS	Spelling Age	Speaking & Listening	Writing	Reading	Maths	Science
	Nursery								
	Reception								
	Baseline on Entry	1							
	1	1							
	2	1							
	3	2							
	4	2							
	5	2							
	6	2							

SECTION C:

Support Provided and Funding – All educational settings are provided with resources to support those with additional needs, including students with SEN and disabilities. Please therefore identify the provision made from the setting's budget to address the child's needs and indicate whether you have applied for additional needs funding from the Local Authority.

Number of support hours provided from school's SEN budget		Number of hours funded by LA (top-up funding)	
If this is a request for top-up funding, what is the additional resource required? (hours or £)			

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Current support arrangements: give details of the target support the child received that was additional to and different from normal differentiated classroom/ group arrangements

Type of provision (In class, group, 1:1)	Objective of Provision	Frequency & Duration	Delivered by	Start Date	Review Date	Outcomes: (Achieved, Partially Met, Not Met)

Additional support: What additional support do you feel is required over and above that already provided?

Type of provision: (In class, group, 1:1)	Objective of Provision	Frequency & Duration	Delivered by	Start Date	Review Date	Outcomes Sought

SECTION D:

Professional Involvement – List details of attached reports/ evidence from appropriate services

Service Provided By: (Name & Role)	Date of Report	Date Assessed	Brief Description of Evidence Attached

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SECTION E:

Pupil's Views:

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SECTION F:

Name of Keyworker			
Name of Person who has completed this form:		Date:	
Role:			

Please return this form, together with the following (if applicable) : school reports; SEN support plan; professionals' reports to: Children & Young People's Services, Additional Needs, Administration Service, Atlas House, Corporation Street, St Helens, Merseyside, WA9 1LD

SECTION G:

Parental Consent:

I agree to information submitted, to the Local Authority Provision Agreement Panel being shared and discussed.

I agree, should the Provision Agreement Panel consider it necessary, to an Education, Health and care needs assessment being carried out. I understand that this will involve seeking and sharing information with other agencies. I give my consent to the sharing of such information. All information provided is, and will remain, confidential, and is held in accordance with the Data Protection Act 1998

Signature of parent/ guardian:	Date:
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Office Use

Date Received:
