



Central Bedfordshire Council

Request for EHC Needs Assessment

(Section 19 of the Children and Families Act 2014)

September 2014

This Request must be Completed in Typescript

Section 1: Personal Information

Name of Child / young person	
Date of Birth	
Current Year Group	
Name of Current Educational Setting	
Request Date	

Section 2: Special Educational Needs

	Date SEND support first started
Stage 1	
Stage 2	

Type of need	Main area of difficulty - tick one box only	Other area(s) of difficulty - tick as relevant
Cognition/Learning		
Communication/Interaction		
Social, Emotional and Mental Health Difficulties		
Sensory and/or Physical Needs		

Please outline the special educational needs with reference to the relevant sections of the Draft Guidance on SEND and any supporting evidence you are submitting.

A. Cognition/Learning

B. Communication/Interaction

C. Social, Emotional and Mental Health Difficulties

D. Sensory and/or Physical Needs

Details of any medical condition which is relevant to the special educational needs:

Medical Diagnosis:	Date diagnosed:	Name of the professional who made the diagnosis:

Section 3: Special Educational Provision

Please outline the following with reference to supporting evidence:
How are the needs of this child/young person exceptional and greater than would be expected to be met through Additional Support?
How have appropriate interventions been carried out over a reasonable period and how have these been evaluated and modified?
How have effective learning opportunities been provided?

Section 4: Documentary Evidence Required

Evidence Checklist	
Please ensure that this request for an EHC needs assessment includes copies of the relevant documentation (ensure that documents are dated).	
Where essential documentation has been omitted or sections left incomplete, the SEND Panel will not be able to consider this case.	
Please indicate the information you have included by ticking the box	✓
A SEND Support Plan fully completed and signed by the child/young person, parents and designated person completing the plan	
Full details of provision being made for the child/young person including a provision map which should indicate how support is being used.	
A copy of an annotated timetable	
Reports and evidence of involvement of external professionals and clear indications of the ways in which their advice has been implemented, monitored and evaluated. *NB this must include the most recent reports	
Minimum of 2 examples of unaided, dated and annotated child's/young person's work (examples of literacy/numeracy which have been assessed)	
A clear record of progress over time	
In the case of requests with regard to Social, Emotional and Mental Health Difficulties:	
A record which includes an analysis of the behaviours observed, the strategies used over time and the outcomes.	

The Authority will retain all the advice provided by schools through use of this form, whether or not Statutory Assessment is indicated.

Signature: _____ Date: _____

Name (Young Person)

Signature:_____ Date:_____

Name (Parent/Carer)

Signature:_____ Date:_____

Name (Designation of person completing the form)

Please return the completed form and/or address any queries to:

SEND Support Team,
Central Bedfordshire Council
Watling House
High St North
Dunstable
LU6 1LF