cid:995D36CC-63D9-452C-921A-47E295D9BC0F 

**Request for an Education, Health and Care Needs Assessment  
 (Primary Education)**

**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.**

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| **The personal details of the child: -** | | | |
| Name: |  | | |
| Date of Birth: |  | Gender: |  |
| Home Address: |  | | \*Please confirm that proof of residency has been checked:  Yes/No |
| Ethnicity: |  | Religion: |  |
| Home Language: |  | | |
| Setting/School /College: |  | | |
| Current rate of attendance: |  | | |
| Date of Admission: |  | Year Group: |  |
| NHS Number: |  | | |

\*Proof of Address: Following the guidelines set out in Croydon School Admission Policy evidence of proof address must include copy of a recent council tax documents or tenancy agreement and a household utility bill (less than three months old). If you require any further information about proof of residency please contact [SENenquiries@croydon.gov.uk](mailto:SENenquiries@croydon.gov.uk).

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| --- | --- | --- | --- |
| **Parent/Carer Information:** | | | |
| Name of parent(s)/ Person with parental responsibility: |  | | |
| Address: |  | | |
| Telephone Numbers: | **Home:**  **Mobile:** | | |
| Email Address: |  | | |
| 2nd Parent/Carer Name: |  | | |
| Address if different: |  | | |
| Telephone Numbers: | **Home:**  **Mobile:** | | |
| Email Address: |  | | |
| Is this child looked after?  (delete as applicable) | **N**  **Y** | **\***Local Authority responsible: |  |
| \*Social worker name and contact details: |  | | |

**\****If applicable*

**Professional Involvement** - List details of attached reports/evidence from appropriate services.  
(*Note reports from external professionals should be no more 12 months old)*

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| Service Provided By: (Name role and contact details, address and telephone number) | Date of Reports | Date  Assessed | Brief Description of Evidence Attached |
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**Have any referrals been made to other services? If so, when was the referral was made?**

**Attendance -** please provide as much information as possible and comment where necessary on the likely impact of any absences on the child’s progress.

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**Attendance data from this school or previous schools attended?**

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| Name of Educational Setting(s) | Period (Dates) | Actual Attendance  (No. of Sessions) | Possible Attendance  (No. of Sessions) | Percentage Attended |
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**Overview of Child’s Special Educational Needs**

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| *(Summary of child’s main needs and associated difficulties, including any confirmed diagnosis*.) |

**Why you are making this request now?**

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**SECTION A: Detailed Description of Special Educational Needs**

What do you consider to be the child’s strengths and areas where they are making good progress?

What difficulties is the child showing that act as barriers to learning and progress?

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| --- | --- |
| **Cognition and learning** | **Strengths**  **Special Educational Needs/Barriers to Learning** |
| **Communication and Interaction** | **Strengths**  **Special Educational Needs/Barriers to Learning** |
| **Social, Emotional and Mental Health**  **Difficulties** | **Strengths**  **Special Educational Needs/Barriers to Learning** |
| **Sensory and /or physical needs** | **Strengths**  **Special Educational Needs/Barriers to Learning** |
| **Independence and self help** | **Strengths**  **Special Educational Needs/Barriers to Learning** |

**Are there any additional health or social care needs?** Comment on any significant health or social care needs that may impact on the child’s access to learning and the curriculum.

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| Health | *Does the child have any health needs which relate to SEND and/or for which he/she is receiving medication or therapy e.g. a CYP with ADHD or epilepsy? Was the child a premature birth?* |
| Social care | *Is the child safe?*  *Does the child have a CIN or CP plan?*  *Has a recent assessment taken place which supports identification of needs and access in the home environment?* |

**Is there any other relevant information that would support this request?**

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**SECTION B: Detailed Assessment Information**Please give details of the pupil’s current level of functioning, progress and achievement across year groups. Please refer the **Croydon Primary Assessment Criteria** to indicate attainment in relation to the National Curriculum programmes of study. ***If are using your own school-based assessment measures please make clear how these relate to age related expectations.***

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| Is the pupil working within age related expectations?  If not, please describe where there are gaps. |  |

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| **EYFS** | | | | | | | |
| **Date assessed** | **Communication and**  **Language** | **Physical** | **PSE** | **Literacy** | **Mathematics** | **Understanding of the world** | **Expressive arts and design** |
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| **Key Stage 1 and Key Stage 2**  **(\*Where pupils are working below the levels of the KS1 and KS2 tests or, in the case of KS2 writing, the teacher assessment framework, please refer to the interim pre-key stage 1 and 2 standards)** | | | | | |
| **Date Assessed** | **Year Group** | **Speaking & Listening** | **Writing** | **Reading** | **Mathematics** |
|  | **1** |  |  |  |  |
|  | **2(Teacher assessment\*)** |  |  |  |  |
|  | **2 (KS1 SATs\*)** |  |  |  |  |
|  | **3** |  |  |  |  |
|  | **4** |  |  |  |  |
|  | **5** |  |  |  |  |
|  | **6(Teacher assessment\*)** |  |  |  |  |
|  | **6 (KS2 SATS\*)** |  |  |  |  |

Please give details of other assessments that the school or setting has used to help identify needs under the 4 areas (e.g. spelling, reading assessments, Boxall Profile, Strength and Difficulties Questionnaire etc.). Please comment on the results of the assessments and any strengths or needs identified. If the assessments have been repeated over time please provide details of progress or concerns.

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| Date | Assessment Tool | Score |
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**SECTION C: Support Provided and Impact**

All mainstream schools are provided with resources to support pupils with additional needs, including pupils with SEN and disabilities. This provides funding to deliver targeted intervention additional to and different from the universal differentiation and adjustments made in daily class and group teaching. The expectation is that schools should fund provision to the value of £6000 for pupils with the greatest need.

Please specify the provision made from the school’s delegated budget to address the child’s additional needs and outcomes set for this child. Ensure that the outcomes and provision are matched to the needs identified.

Please see Appendix 2 to see the standardised costs that should be used by all settings to specify the value of current provision.

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| Outcomes sought | Provision | Grouping  (specify 1:1 or group size) | Frequency and Duration | Delivered by | Start  Date | Review  Date | Cost for this child |
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| Total | | | | | | |  |

Please comment on the impact of the support provided, making reference to specific provisions listed above. Has the provision supported the child to make progress? What has worked well?

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Please specify what additional provision is required through an EHC plan to meet the needs of this child?

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| Outcomes sought for end of the current key stage? | Provision required to achieve outcomes | Grouping  (specify 1:1 or group size) | Frequency and Duration | Delivered by | Cost for this child |
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| --- | --- |
| Document completed by: | |
| Position/title: | |
| Signature: | Date: |

**Please send this completed form, together with all supporting/additional documents to:** [**SENenquiries@croydon.gov.uk**](mailto:SENenquiries@croydon.gov.uk)

**Documents should be in word format and sent via a secure pathway.**

**Alternatively mail to:   
0-25 SEND Service  
Floor 2, Zone D  
Bernard Weatherill House  
8 Mint Walk  
Croydon CR0 1EA**

***For more help and assistance completing this form please contact:***

***SEND Information, Advice and Support Service (SENDIASS)***

***Helpline: 02086635630***

***Email: Croydon@kids.org.uk***

**For Office Use Only:**

|  |  |
| --- | --- |
| Date Received: | Response due by: |
| Officer: | Panel Date: |
| Proof of address confirmed? |  |

**Appendix 1: Checklist of Evidence to Support Request for Assessment for EHC Plan.**

*Please confirm that the following evidence has been included to support this request:*

Details of the nature and level of provision though the graduated response over time and the impact of this support which meets the requirements set out in the Code of Practice. Include individual Education Plans, support plans and provision maps as appropriate.

The educational establishment’s assessments of the child’s strengths and difficulties under the 4 areas of need **(see section A of this document)**

The views, aspirations and wishes of parents and carers **(document RP.2)**

The views and preferences of the child **(document RC.2)**

The educational establishment’s outcomes sought for the child

The external professional advice that has been sought and how recommendations or programmes have been implemented **(attach recent reports less than 12 months old)**

Diagnosis Report (where applicable)

An assessment by the educational establishment of the progress made or lack of progress over time **(see section B of this document)**

What additional support the educational establishment feels is required which cannot be provided through its ordinarily available provision and reasonable adjustments **(section C of this document)**

**Appendix 2:**

**STANDARDISED COSTS FOR EDUCATION, HEALTH AND CARE PLANS**

**2017 -2018**

The costs below are standardised costs for schools and EHC plan co-ordinators to use to cost provision. It is recognised that there may be variations in cost depending on provider.

The use of standardised costs has been agreed with the Schools Forum for key areas of spend to ensure equity between schools. The schedule will be reviewed annually.

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| **Provision** | **Rate** | **Source** |
| Specialist teacher | £44 per hour | Current standard rate |
| Teaching assistant | £13.20 per hour | Current standard rate |
| Teaching assistant (HLTA) | £16 per hour | Current standard rate |
| Learning mentor | £15.78 per hour | NJC Grade 6 |
| SLT (Speech and Language Therapy) | £70 per hour | Additional provision purchased through NHS Croydon Health Services |
| OT (Occupational Therapy) | £70 per hour | PSSRU unit costs of health and social care |
| Physiotherapy | £70 per hour | PSSRU unit costs of health and social care |
| Counselling | £70 per hour | PSSRU unit costs of health and social care |
| Mediation | £255 per case | Octavo |