# Early Years Request for an Education Health Care (EHC) Needs Assessment

This form is to be used by **Early Years professionals** to request an EHC needs assessment for a child. **If you are a parent/carer, young person or other professional / setting** who would like to make a request, **please do not use this form.**

## How to complete this form

* It is very important that we have full information about the child’s special educational needs and disabilities.
* The information that you put on this form will be shared with all professionals who work with the child.

The SEND Code of Practice says:

**Section 36 of the Children and Families Act 2014 and Regulation 10 of the SEND Regulations 2014**

The involvement of other professionals is essential at the level of SEN Support as part of the graduated response. (5.27-5.48).

In considering whether an EHC needs assessment is necessary, the local authority should consider whether there is evidence that despite the early years provider, school or post-16 institution having taken relevant and purposeful action to identify, assess and meet the special educational needs of the child or young person, the child or young person has not made expected progress. (9.14)

For the LA to undertake decision making we **must** have the following:

* Details of the provision, progress and outcomes at the SEN Support as recorded in the child/young person’s SEN Support Plan or equivalent.
* A copy of the child/young person’s attendance record at their educational placement for the last complete year
* A SEND Education Health Care Plan Data protection information/Privacy Notice and Consent to Information Sharing (SEND DP1) signed by parents/carers (and/or young person over the age of 16)

Please ensure you submit if you have them:

* An [INDES](https://www.schools.norfolk.gov.uk/pupil-needs/special-educational-needs-and-disabilities/identification-of-need-and-inclusive-provision/inclusion-and-provision-sef) (an identification of needs descriptors in educational settings framework) completed within the last 12 months.
* All assessments/diagnoses/reports from professionals supporting the child/young person, dated within the last 24 months
* A Family Conversation Form completed by child/young person and parents/carers

## How to submit this form

Please return this form, together with any reports to the SEN Operational Support Team using the upload facility on the Local Offer.

You can use our [online upload form](https://online.norfolk.gov.uk/EHCPAttachments/) to upload the request form and documents – fill in your contact details and select ‘choose file’ at the bottom. You can also use the upload form to send us any documents needed during the 20-week process. However, if you are having difficulties, you can print this form, complete it and either:

* Email to [csehcp@norfolk.gov.uk](mailto:csehcp@norfolk.gov.uk); or
* Post to Norfolk Children’s Services, SEN Operational Support Team, Lower Ground Floor, County Hall, Martineau Lane, Norwich, NR1 2DH

## The child’s personal details (Mandatory fields)

The professional is expected to complete the request for assessment form themselves in liaison with parents/carers. Please note that unless otherwise specified correspondence in the first instance via email.

| **Information needed** | **Your answer** |
| --- | --- |
| Child’s name |  |
| Child’s address |  |
| Date of birth |  |
| Gender (please delete as appropriate) | Male / Female / Other |
| Ethnicity |  |
| Religion |  |
| Setting (educational or otherwise) name |  |
| Type of setting |  |

### Language and communication needs

| **Information needed** | **Your answer** |
| --- | --- |
| Language child hears at home |  |
| Do they need an interpreter for verbal communication? Please state yes or no |  |
| Do they require translation for written communication? Please state yes or no |  |
| If they do require translation, please specify which language (for example. French, sign language) |  |

### Registered GP surgery details

This is essential to identify the correct Integrated Care Board.

| **Information needed** | **Your answer** |
| --- | --- |
| GP name |  |
| GP surgery address |  |

### Do any of the following apply?

| **Information needed** | **Your answer - please state yes or no** |
| --- | --- |
| Continuing Care (for significant health care needs) |  |
| Child in Care |  |
| Adopted / special guardianship |  |
| Section 17 Child in Need |  |
| Section 47 Child Protection |  |
| Early Help Family Support Plan |  |
| Early Years Pupil Premium |  |
| Disability Access Fund |  |
| Disability Living Allowance |  |
| Child of armed service personnel |  |

## Parent/carer contact details

Please note unless otherwise specified we will correspond in the first instance via email.

### Parent/carer 1

| **Information needed** | **Your answer** |
| --- | --- |
| Name |  |
| Relationship to child |  |
| Address (if different to child’s) |  |
| Do they have parental responsibility? Please state yes or no |  |
| Email address |  |
| Telephone numbers(s) |  |

#### Languages / access needs

| **Information needed** | **Your answer** |
| --- | --- |
| Is an interpreter required for verbal communication? Please state yes or no |  |
| Is translation required for written communication? Please state yes or no |  |
| If translation is required, please specify which language (for example, French, sign language) |  |
| Are there other needs which we should be aware of? (For example, learning difficulty or disability, accessibility needs) |  |
| Member of the armed forces? Please state yes or no |  |

### Parent/carer 2

| **Information needed** | **Your answer** |
| --- | --- |
| Name |  |
| Relationship to child |  |
| Address (if different to child’s) |  |
| Do they have parental responsibility? Please state yes or no |  |
| Email address |  |
| Telephone numbers(s) |  |

#### Languages / access needs

| **Information needed** | **Your answer** |
| --- | --- |
| Is an interpreter required for verbal communication? Please state yes or no |  |
| Is translation required for written communication? Please state yes or no |  |
| If translation is required, please specify which language (for, French, sign language) |  |
| Are there other needs which we should be aware of? (For example, learning difficulty or disability, accessibility needs) |  |
| Member of the armed forces? Please state yes or no |  |

## Special Educational Needs – Education

Please refer to the SEND Code of Practice 5.27 to 5.48 for details of how Early Years settings should identify and assess needs and provide SEN Support to meet special educational needs.

| **Educational Needs** | **Assess – Please specify date of assessment and result** | **Plan/do – Describe here how you worked with the child and family to meet the SEN – please include evidence of person-centred planning** | **Review/outcomes – What impact did this have on child’s learning generally, for example, classroom practice? Evidence of impact to be included.** | **Future support – Please describe in detail the support and provision you believe the child requires to meet their SEN, please ensure this is specific and quantified.** |
| --- | --- | --- | --- | --- |
| Communication & Interaction |  |  |  |  |
| Cognition & Learning |  |  |  |  |
| Social, Emotional & Mental Health |  |  |  |  |
| Sensory and / or Physical Needs (including health / medical needs that impact on access to learning) |  |  |  |  |

If the identified SEN provision required is additional to and different from those provided for all children, please provide detail below.

| **Information needed** | **Your answer** |
| --- | --- |
| Additional support identified and being accessed for the child |  |
| Outside agency |  |
| Cost of Provision (if known) (for example, Hourly Rate of cost of resource) |  |
| Provision to be delivered |  |
| Frequency and duration |  |
| Who will deliver the provision? |  |
| Reason given for extra support recommended |  |
| Total cost for providing the additional support identified (any services being provided for the child, for example, OT, Physio, SaLT, Portage etc) | £ |

In addition, please submit evidence that the additional funding required to deliver the provision above has already been sought from sources available to the setting (For example, Early Years SEN Inclusion fund, Disability Access Fund).

### Primary special educational needs

Please indicate rank if the child has needs in more than one area – 1 being the most significant need.

| **Primary Special Educational Need** | **Rank** | **Diagnosis (if applicable)** |
| --- | --- | --- |
| Communication & Interaction |  |  |
| Social, Emotional & Mental Health |  |  |
| Cognition & Learning |  |  |
| Sensory &/or Physical Needs |  |  |

### Attendance

Current attendance record – please provide as much information as possible or attach an attendance record. Early Years settings should specify the number of hours the child is registered to attend, along with those actually attended.

| **Period (Dates)** | **Possible attendance (Number of sessions/hours) per week** | **Actual attendance (Number of sessions/hours) per week** | **Universal Hours** | **Extended Hours** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Education – Attainment and Tracking Data

Please consider the following:

* Is the pupil making good progress towards meeting or exceeding the expected level of development for their age?
* Given their starting points, are they making good progress towards meeting or exceeding the challenging goals set for them?
* What benchmarks has the setting used to set these challenging goals?

Please also submit last term and last end of year attainment and tracking data or utilise the tables below.

Please rate each of the early learning aspects in the prime areas of learning below.

Key: 1 = emerging, 2 = expected, 3 = exceeded

Early Years Foundation Stage

| **Communication & Language Development** | **Ranking** |
| --- | --- |
| Listening & Attention |  |
| Understanding |  |
| Speaking |  |

| **Physical Movement** | **Ranking** |
| --- | --- |
| Moving & Handling |  |
| Health & Self Care |  |

| **Personal social and Emotional Development** | **Ranking** |
| --- | --- |
| Self-confidence and self-awareness |  |
| Managing feelings and behaviour |  |
| Making relationships |  |

Please rate each of the early learning aspects in the specific areas of learning below:

Key: 1 = emerging, 2 = expected, 3 = exceeded

| **Literacy** | **Ranking** |
| --- | --- |
| Reading |  |
| Writing |  |

| **Mathematics** | **Ranking** |
| --- | --- |
| Numbers |  |
| Shape, space and measures |  |

| **Understanding of the World** | **Ranking** |
| --- | --- |
| People and communities |  |
| The world |  |
| Technology |  |

| **Expressive Arts & Design** | **Ranking** |
| --- | --- |
| Exploring and using media and materials |  |
| Being imaginative |  |

**Note: The commentary box (below) for development and tracking data must still be completed to support the interpretation of the data you are providing.**

**Description and commentary of development and tracking data.**

| **Information needed** | **Your answer** |
| --- | --- |
| Please provide additional information/commentary relating to the development particularly to help us understand and interpret setting specific assessment data. For example, “Rashid is behind his peers in Reading and Writing but excels in Being imaginative”. |  |

Other agencies / professionals involved with the child

The information provided here will help us identify agencies / professionals who we’ll need to seek information/evidence from as part of the EHC needs assessment. Please help us by identifying the relevant agencies using the following table. Please state Yes in the Yes or no column to indicate that this professional has been involved with the child and provide their contact details in the next section.

| **Education** | **Yes or No** | **Health** | **Yes or no** | **Social Care** | **Yes or no** |
| --- | --- | --- | --- | --- | --- |
| Access Through Technology |  | Children and Adolescent Mental Health Service |  | Children with Disabilities Social Care |  |
| Educational Psychology |  | Children’s Community Nursing |  | Other Children’s Social Care |  |
| Portage |  | Occupational Therapy |  | Early Help Family Support Lead Professional |  |
| Sensory Support |  | Paediatrician |  | Wheelchair Services |  |
| Armed Service Children’s Education Advisory Service |  | Ophthalmology (in hospital eye care) |  | Short Breaks Service |  |
| Virtual School Children in Care |  | Orthotics (feet) |  | Other (please provide details in contact section) |  |
| Other (please provide details in contact section) |  | Continuing Care |  | Other (please provide details in contact section) |  |
| Other (please provide details in contact section) |  | Physiotherapy |  | Other (please provide details in contact section) |  |
| Other (please provide details in contact section) |  | Speech and Language |  | Other (please provide details in contact section) |  |
| Other (please provide details in contact section) |  | 0-19 Healthy child programme (Health visitor/school nurse) |  | Other (please provide details in contact section) |  |
| Other (please provide details in contact section) |  | Other (please provide details in contact section) |  | Other (please provide details in contact section) |  |

## Professional contact details

If there are more than four professionals supporting the child please add details on a separate sheet.

### Professional 1

| **Information needed** | **Your answer** |
| --- | --- |
| Name |  |
| Job title |  |
| Organisation |  |
| Address |  |
| Email address |  |
| Telephone number |  |
| Report attached? Please state yes or no |  |
| What support is being provided? |  |

### Professional 2

| **Information needed** | **Your answer** |
| --- | --- |
| Name |  |
| Job title |  |
| Organisation |  |
| Address |  |
| Email address |  |
| Telephone number |  |
| Report attached? Please state yes or no |  |
| What support is being provided? |  |

### Professional 3

| **Information needed** | **Your answer** |
| --- | --- |
| Name |  |
| Job title |  |
| Organisation |  |
| Address |  |
| Email address |  |
| Telephone number |  |
| Report attached? Please state yes or no |  |
| What support is being provided? |  |

### Professional 4

| **Information needed** | **Your answer** |
| --- | --- |
| Name |  |
| Job title |  |
| Organisation |  |
| Address |  |
| Email address |  |
| Telephone number |  |
| Report attached? Please state yes or no |  |
| What support is being provided? |  |

## Contact details of professional submitting this request for a needs assessment

| **Information needed** | **Your answer** |
| --- | --- |
| Name |  |
| Position / title |  |
| Setting name |  |
| Setting address |  |
| Email address |  |
| Telephone number(s) |  |
| Date |  |