**Education Health and Care Needs Assessment Request**

**(EHCNAR)**

An EHC Needs Assessment can be requested by a school or setting, by a parent or carer, or by a young person aged 16 or older. In any request, the Local Authority will need evidence to show that:

* the child or young person’s needs are exceptional.
* that the school or setting has put in place relevant support that has a good evidence base from their own assessments, intervention and evaluation.
* that the cost of the extra support is more than what is ordinarily available in that school or setting

Please complete the information below fully and attach any supporting documentation with your request.

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| **Child / Young Person’s Details** |
| Name |  |
| Preferred Name |  |
| Date of Birth |  | Gender |  |
| Home Address |  |
| Postcode |  |
| Telephone |  | Email (if 16+) |  |
| Preferred Language  |  | Ethnicity |  |
| Religion |  | Eclipse Number |  |
| Impulse Number |  | NHS Number |  |
| Social Care status | Not applicable |[ ]  Status if CIC | Not applicable |[ ]
|  | Early Help |[ ]   | Section 20 |[ ]
|  | Child in Need |[ ]   | Interim Care Order |[ ]
|  | Child Protection |[ ]   | Full Care Order |[ ]
|  | Child In Care (CIC) |[ ]   |

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| **Parent Carer Details** |
| **Name** |  |
| Relationship to Child |   | Has parental responsibility? |  |
| Home Address |  |
| Postcode |  |
| Telephone |  | Email |  |
| Preferred method of communication (you can tick more than one) | Email [ ]  Telephone [ ]   |
| **Name** |  |
| Relationship to Child |  | Has parental responsibility? |  |
| Home Address |  |
| Postcode |  |
| Telephone |  | Email |  |
| Preferred method of communication (you can tick more than one) | Email [ ]  Telephone [ ]   |

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| **Only for Children in Care: Social Worker Details**  |
| Name |  |
| Designation/Role |  | Local Authority |  |
| Address |  |
| Postcode |  |
| Telephone |  | Email |  |

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| **CONSENT** |
| By signing this form you agree that Birmingham City Council (BCC) can assess the needs of your child and confirm that you understand that the confidential information about your child that is required for, or generated by, this Education, Health and Care (EHC) Needs Assessment will be shared, in accordance with BCC’s Information Sharing Protocols, with professionals or organisations that:* Are already involved with your child or young person.
* You have asked to become involved with their case; or
* BCC considers necessary, in order:
* to assess your child or young person’s educational, health or care needs; and
* to prepare any relevant documents, including an EHCP, if required.

BCC will endeavour to inform you if another professional or organisation, not already involved, is asked to meet with or work directly with your child for the purposes of an EHC Needs Assessment and the paper and electronic records used during, or created for, this assessment will be kept safe and destroyed in accordance with BCC’s policies. Please note that you are entitled to request a copy of the information that BCC holds about you or your child. For more information, contact BCC’s Information Governance Team at:  Performance and Information (WS)  PO Box 16366, Birmingham, B2 2YY            Tel: 0121 303 4876 or email: foi\_mailbox@birmingham.gov.ukBy signing this form, I give explicit consent for Birmingham City Council (BCC) to communicate with me regarding all aspect of this assessment by secure email. |

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| **Consent:**  |
| Signed |  |
| Full Name (please print) |  |
| Date |  |
| Relationship to child | Parent Carer /Social Worker / Other (please state): |
| *The data and contact details you can provide above may be used by Birmingham Local Authority representatives to contact you in relation to any / all aspects of the Education, Health and Care Assessment / Plan for the child / young person named on page 1.*  |

**Educational Setting/s**

Please state the child / young person’s current setting / school and all previous settings attended (add more rows if required)

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| Name and address of setting | Type of setting | Date From | Date Until |
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**Attendance**

Please summarise the child / young person’s attendance over the past 12 months (please also provide copy of attendance report for past 12 months)

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| Is the child / young person attending full time or part time?If part time, please state how long this has been in place for and include a timetable of their current learning programme. |  | What is the child / young person’s attendance (%) in past 12 months? |  |
| Please summarise reasons for any attendance difficulties.  |  |

**Attainment**

**EYFS Profile** (only applicable for children up to Reception)

If you are using other forms of assessment, please use the Other row, and add relevant information.

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| --- | --- | --- | --- |
| **Area** | **Attainment on Entry** | **Current Attainment** | **Comment on Progress**Important: please complete if there has been no / limited progress |
| **Communication and Language** |
| Listening and Attention |  |  |  |
| Understanding  |  |  |  |
| Speaking |  |  |  |
| **Physical Development** |
| Moving and Handling |  |  |  |
| Physical Development: Care |  |  |  |
| **Personal, Social and Emotional Development** |
| Making Relationships |  |  |  |
| Sense of Self |  |  |  |
| Understanding Emotions |  |  |  |
| **Completion of the below areas is optional, dependant on the level of assessment used.**  |
| Literacy |  |  |  |
| Maths |  |  |  |
| Understanding of World |  |  |  |
| Expressive Arts and Design |  |  |  |
| Other form of Assessment: Name:  |  |  |  |

**Key Stage 1 and 2**

Please record the child’s attainment against age related expectations (WT: Working Towards; Working At; Working Beyond). There is space **later** in the document to elaborate on SEND relating to attainment and progress.

Predicted: where should the child be. Current – where is the child now. Achieved – if the child has completed the Key Stage.

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|  | Key Stage 1 | Key Stage 2 | **Comment on Progress**Please comment on the child’s progress over the last 12 months. For progress information beyond this time, or if they have remained within the same Key Stage, please add to the Additional Information row below.  |
| Predicted(WT, WA, WB)  | Current(WT, WA, WB) | Achieved (if completed KS1) (WT, WA, WB) | Predicted(WT, WA, WB) | Current(WT, WA, WB) | Achieved(if completed KS2)(WT, WA, WB) |
| English reading |  |  |  |  |  |  |  |
| English writing  |  |  |  |  |  |  |  |
| English punctuation, grammar and spelling |  |  |  |  |  |  |  |
| Maths |  |  |  |  |  |  |  |
| Additional Information regarding progress and attainment  | Use this space to capture information regarding progress or attainment more than 12 months ago, or if the child has remained within the same Key Stage, and you wish to elaborate on their progress during this time.  |

**Key Stage 3**

Please record the child’s attainment against age related expectations. There is **space** later in the document to elaborate on SEND relating to attainment and progress.

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| Subjects | Predicted | Currently | Achieved | Year achieved | **Comment on Progress** |
| English  |  |  |  |  |  |
| Maths |  |  |  |  |  |
| Science |  |  |  |  |  |
| List further subjects |  |  |  |  |  |
| List further subjects |  |  |  |  |  |
| List further subjects |  |  |  |  |  |
| List further subjects |  |  |  |  |  |
| List further subjects |  |  |  |  |  |
| List further subjects |  |  |  |  |  |
| List further subjects |  |  |  |  |  |

**Key Stage 4**

Please record the child’s attainment against age related expectations. There is **space** later in the document to elaborate on SEND relating to attainment and progress.

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| Subjects | Predicted | Currently | Achieved | Year achieved | **Comment on Progress** |
| English |  |  |  |  |  |
| Maths  |  |  |  |  |  |
| Science |  |  |  |  |  |
| List further subjects |  |  |  |  |  |
| List further subjects |  |  |  |  |  |
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| List further subjects |  |  |  |  |  |
| List further subjects |  |  |  |  |  |

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| Other Qualifications / Course Results (or alternative providers): |
| Course / Qualification | Current level | Expected level | Completed: Level Achieved inc. date | **Comment on Progress** |
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**Post 16 Qualifications**

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| Other Qualifications / Course Results (or alternative providers): |
| Course / Qualification | Current level | Expected level | Completed: Level Achieved inc. date | **Comment on Progress** |
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**Strengths of the child / young person**

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| Please outline the child / young person’s strengths. Where applicable, consider what aspects the child or young person excels at or has more strength in **and the positive impact this has on their learning and their development.**  |
| Communication and Interaction |  |
| Cognition and Learning |  |
| Social, Emotional and Mental Health |  |
| Physical and Sensory |  |
| Other areas of strength |  |

**Nature, Extent and Context of the Child or Young Person’s Special Educational Needs / Disabilities**

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| Where applicable, please outline the child / young person’s special educational needs/disabilities, focussing on **how these impact their learning and development**.  |
| Communication and Interaction |  |
| Cognition and Learning |  |
| Social, Emotional and Mental Health |  |
| Physical and Sensory |  |

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| Please indicate the child / young person’s primary area of need.  |
| [ ]  Communication and Interaction [ ]  Cognition and Learning [ ]  Social, Emotional / Mental Health [ ]  Sensory and / Physical  |

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| Please state **the graduated approach that has taken place** **(assess, plan, do, review cycles)** to meet the child / young person’s special educational needs/disabilities and the impact this has had. Please add more rows if required.  |
|  Date/s | Action Taken / Provision | Evaluation / Impact  |
|  |  |  |
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| **Evidence of graduated approach** Please include any learning plans, provision map/s, along with relevant specialist service/s reports that have been sought during the graduated approach:  |
| [ ]  Yes, supporting documentation is available and includes: *
*
*
 | [ ]  No, we don’t have any supporting documents because of the following exceptional circumstances:  |

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| **Professionals already involved with the child / young person: please list any relevant professional currently involved with the graduated approach at the time of this request.** It is important for settings to know that they do not need to seek multiple services’ involvement, to better ‘qualify’ for a needs assessment. Settings need to involve the right and relevant agency and work closely with them to use intervention and evaluate its impact on the child or young person’s progress.  |
| Name | Role | Agency | Contact details | Involved since |
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| Has a Team Around the Child Meeting been held prior to this request? | Yes | No | If yes, date held, please include relevant documents.  |
|  |[ ] [ ]   |

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| Has an EHC Needs Assessment been requested previously?  | Yes | No | If yes, please provide date(s). |
|  |[ ] [ ]   |

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| Please summarise the reason for this EHC Needs Assessment Request. |
| Please use this space to demonstrate what provision is currently in place and the impact this has on the child / young person’s progress. Consider what of this support, is beyond what is ordinarily available in mainstream settings. You may wish to refer to Birmingham’s Ordinarily Available Guidance, which can be found in the Professionals Area, under Documents: <https://www.localofferbirmingham.co.uk/information-for-send-professionals/professionals-documents/>  |

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| Health needs that relate to the child / young person’s SEND needs |
| Health need / diagnosis | How this impacts learning |
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| Social care needs that relate to the child / young person’s SEND needs |
| Need | How this impacts learning |
|  |  |

Check you have everything you need:

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| Essential DocumentationThe information that is listed below MUST be submitted with this application (please provide as separate attachments, please do **not** send in PDF format) |
| **Information / report** | **Date**  |
| Child / Young Person’s Views |  |
| Parent Carer’s Views |  |
| Attendance record |  |
| Evidence of graduated approach |  |
| Parent / young person (if age 16+) consent section above is signed |  |

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| Supporting Documentation: please provide the information below if it is relevant to this application. Indicate the information that has been submitted with this request (please provide as separate attachments, **please do not send in PDF format**) |
| **Information / report** | **Check the tick box if included** | **Date of report** |
| Report / information from Advisory Teacher |[ ]   |
| Report / information from Educational Psychologist |[ ]   |
| Report / information report from Health |[ ]   |
| Report / information report from Social Care |[ ]   |
| Diagnostic report |[ ]   |
| Paediatric report |[ ]   |
| Therapy report |[ ]   |
| Early Years Development Profile |[ ]   |
| Health Visitor reports |[ ]   |
| Assessment Profile for last 12 months |[ ]   |
| Copy of current support plan |[ ]   |
| One page profile |[ ]   |
| Other (please specify): | [ ]   |  |

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| **Completed by:** |
| Name |  | Role |  |
| Setting / Service / Agency |  | Address |  |
| Email Address |  | Telephone  |  |
| Signature |  | Date  |  |

Please return this form and all relevant information to SENAR@birmingham.gov.uk