**Application - Education, Health and Care Assessment**

**CONTEXT**

**This information is required in line 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.**

**You may wish to contact a Local Authority Assessment Coordinator who can advise on the application process and evidence required to meet the criteria for an Education, Health and Care Needs assessment.**

**NB: In order for the Multi Agency Partnership Group to make a fully informed decision on this application, please ensure that the following documents are all enclosed with this application. Applications received without supporting evidence of the graduated approach may be declined.**

* **One Page Profile**
* **Evidence of Pupil voice**
* **Evidence of Parent voice**
* **Any relevant family background information**
* **Copies of the child/young person’s current and previous SEN Support Plan**
* **The external professional advice that has been sought**
* **Details of the support and interventions that have been provided for the child/young person over time., showing evidence of the graduated response**

|  |  |
| --- | --- |
| Child/Young Person’s Full Name: | Educational Setting: |
| Date of Birth: | Year Group: | Key Stage: EYFS: |
| Address:  | LAC: Yes No |
| Parent/Carer Name: | 2nd Parent/Carer Name: |
| Relationship: | Relationship: |
| Parents Address if different | Parents Address if different |
| Phone Numbers  | Phone Numbers |

**Attendance Record -** *please provide as much information as possible*

|  |  |
| --- | --- |
| **Date** | **Percentage Attended** |
| **Current year** |  |
| **Previous year** |  |

|  |  |
| --- | --- |
| **EYFS – how many hours are attended in the setting** |  |

**SECTION A**

**The identified Special educational Needs –** What do you consider the child/young person’s difficulties to be which are acting as barriers to curriculum access and progress. You may wish to complete more than one section.

|  |  |
| --- | --- |
| **Cognition and Learning** | **Reasons for concern:****Actions taken to date:****What has been the impact:** |
| **Communication and Interaction** | **Reasons for concern****Actions taken to date:****What has been the impact** |
| **Social Emotional and Mental Health** | **Reasons for concern:****Actions taken to date:****What has been the impact:** |
| **Sensory and/or Physical Needs** | **Reasons for concern:****Actions taken to date:****What has been the impact:** |

**Are there any additional significant factors –** if the answers is yes please attach copies of relevant information/advice

|  |  |
| --- | --- |
| **Health** | **Reasons for concern:****Actions taken to date:****What has been the impact:** |
| **Social Care** | **Reasons for concern:****Actions taken to date:****What has been the impact:** |
| **Social relationships** | **Reasons for concern:****Actions taken to date:****What has been the impact:** |

**SECTION B:**

**Support Provided and Funding -** All mainstream settings (except Early Years settings) are provided with delegated resources to support those with additional needs, including students with SEN and disabilities. Please indicate whether you have applied for additional top up funding from the Local Authority. This may be called element 3 funding or enhanced provision.

**Has additional funding been applied for? Yes No**

**Date funding was applied for: …………………………….**

**Was application successful? Yes No**

**How many hours/how much funding was approved? ……………………………**

**Early Years assessments - age 0 – 4 years (please delete section if not applicable):**

**Foundation Stage Profile or current levels of attainment**

|  |  |  |
| --- | --- | --- |
| **EYFS aspect** | **Attainment on entry** **Date:** | **Current Assessment****Date:** |
| Communication and language |  |  |
| Physical Development |  |  |
| Personal, Social, Emotional |  |  |
| Literacy |  |  |
| Mathematics |  |  |
| Understanding the world |  |  |
| Art & Design |  |  |

**School assessments – Reception to NC Year 6 (Please delete section if not applicable):**

**Include P levels if working towards Level 1.**

|  |
| --- |
| **Please specify the type of assessment used e.g. B Squared, Standardised Scores etc.**  |
| **Subject** | **Attainment last academic year****Date:** | **Current Assessment****Date:** | **Has the progress met predictions?**  |
| English |  |  |  |
| Maths  |  |  |  |
| Other- please specify |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**School assessments – NC Year 7 – Year 11 (Please delete section if not applicable):**

**Include P levels if working towards Level 1.**

|  |
| --- |
| **Please specify type of assessment used.** |
| **Subject** | **Attainment last academic year****Date:** | **Current Assessment****Date:** | **Has the progress met predictions?**  |
| English |  |  |  |
| Maths  |  |  |  |
| Science |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Post 16 courses (Please delete section if not applicable):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject/name of course** | **Level being studied** | **Current assessment** | **Has progress met Predictions** | **Comments** |
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**What are the desired Outcomes for this child/young person and what additional support do you feel is needed to achieve the desired Outcome**

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| --- | --- | --- | --- |
| **Outcomes Sought** | **Type of Provision** | **Frequency & Duration** | **Delivered by** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Is the child or young person due to transfer between phases of education?**

**What setting or type of setting is requested?**

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| --- | --- | --- | --- |
| **Transition Year Group** | **School Recommendation** | **Parent’s/Guardian’s****Comments** | **Child or Young Person’s****comments** |
| **Early Years provider to school** |  |  |  |
| **Infant School to Junior School**  |  |  |  |
| **Primary School to Secondary**  |  |  |  |
| **Secondary School to a Post 16 setting or Apprenticeship** |  |  |  |

**SECTION C**

**Professional Involvement - List details of attached reports/evidence from appropriate Services**

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| --- | --- | --- |
| **Service Provided By** | **Date of Reports** | **Name and role of Professional/source of report** |
| Educational & Child Psychology Service |  |  |
| Speech and Language Therapy Service |  |  |
| CAMHS |  |  |
| Medical |  |  |
| OT/Physio |  |  |
| Positive Behaviour Support Service |  |  |
| Children’s Disability Service |  |  |
| Social Care |  |  |
| Early Help and Support |  |  |
| SEN Specialist Service (eg VI, HI) |  |  |
| Education Welfare Service |  |  |
| Other |  |  |
| Any Referrals Outstanding?Please give details (eg ASC Pathway) |  |  |

**Settings should discuss this application and seek agreement from parents/carers or the young person before submitting this application.**

Document completed by: Date:

Role:

Headteacher: Date:

**Send by email to:** **senat@halton.gov.uk**