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

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

For requests from health or social care professionals and families we will always request further information from the educational setting that the child or young person attends.

## How to complete this form

* It is very important that we have full information about the child/young person’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/young person.

The SEND Code of Practice says:

The involvement of other professionals is essential at the level of SEN Support as part of the graduated response. (6.44-6.62).

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

| **Information needed** | **Your answer** |
| --- | --- |
| Have you discussed the case in a Core Consultation meeting? Please state yes or no |  |
| Has this child been subject to a [SEN Support Triage](https://www.schools.norfolk.gov.uk/pupil-needs/special-educational-needs-and-disabilities/identification-of-need-and-inclusive-provision/inclusion-and-provision-sef)? Please state yes or no |  |

## 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/young person’s personal details (Mandatory fields)

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

| **Information needed** | **Your answer** |
| --- | --- |
| Child/young person’s name |  |
| Child/young person’s address |  |
| Date of birth |  |
| Chosen pronouns |  |
| Gender (please delete as appropriate) | Male / Female / Other |
| Unique Pupil Number (UPN) |  |
| Ethnicity |  |
| Religion |  |
| Setting (educational or otherwise) name |  |
| Type of setting |  |
| Year group child/young person is learning in |  |
| Actual year group for age of child/young person |  |

### Languages

| **Information needed** | **Your Answer** |
| --- | --- |
| Language child/young person 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 / Care leaver |  |
| Adopted / special guardianship |  |
| Section 17 Child in Need |  |
| Section 47 Child Protection |  |
| Early Help Family Support Plan |  |
| Adult Social Services |  |
| Early Years Pupil Premium |  |
| Disability Access Fund |  |
| Disability Living Allowance |  |
| Child of armed service personnel |  |
| Young carer |  |
| Free school meals |  |

## 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 |  |
| Chosen pronouns |  |
| Relationship to child/young person |  |
| Address (if different to child/young person’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 |  |
| Chosen pronouns |  |
| Relationship to child/young person |  |
| Address (if different to child/young person’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 |  |

## Current Funding – Element 2

It is expected that the setting will provide additional support from their core funding (Element 2). The nationally prescribed threshold per pupil per year is currently £6,000. (For further information on this please see CoP 9.14 and 9.15, also 5.45 and 6.44)

| **Information Needed** | **Your answer** |
| --- | --- |
| Please detail how core (Element 2) funding has been used to support the child / young person in the educational setting: |  |
| Total cost of provision | £ |

## Current Funding – Element 3

Are you in receipt of funding from the following Bands?

| **Information needed** | **Your answer – please state yes or no** |
| --- | --- |
| **Band 1 High needs/medical needs** |  |
| **Band 2 Higher needs/high medical needs** |  |
| **Band 3 Exceptional needs/extreme medical needs** |  |

| **Information Needed** | **Your answer** |
| --- | --- |
| Please detail how (Element 3) funding has been used to support the child / young person in the educational setting |  |
| Total cost of provision | £ |

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

| **Information needed** | **Your answer** |
| --- | --- |
| Education outcomes sought for child/young person |  |
| Provider 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 | £ |

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, discretionary, School cluster, Post 16 higher needs funding) but has not been made available.

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/young person 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) |  | Youth Offending Service |  |
| Careers adviser / preparation for adulthood |  | Continuing Care |  | Other (please provide details in contact section) |  |
| Dyslexia Specialist |  | Physiotherapy |  | Other (please provide details in contact section) |  |
| Inclusion & SEND Team |  | 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 |  |