**Parent/Carer Agreement - Application for an Education,**

**Health and Care Needs Assessment**

**Please this form for children under the age of 5 years**

|  |  |
| --- | --- |
| **Child Details:****Name of Child:** |  |
| **D.O.B:** |  | **Age in Years and Months:** |  |
| **Name of Setting:** |  |
| **Key Stage:** |  | **Year Group:** |  |  |

I agree to:

1. The submission of a request to the Local Authority for additional funding/initiation of an Education, Health and Care Needs Assessment for my son/daughter (if they are under 16 years of age), or myself (if over 16 years of age).
2. For the information submitted as part of this referral to be shared with Education, Health and Social Care Professionals and discussed at any relevant panel meetings.
3. If a decision is made to undertake an Educational, Health and Care Needs Assessment, I agree to allow the necessary medical health, educational, psychological and social care assessments to take place and for such information and reports to be shared with the Local Authority.

**Privacy Notice:**

Our core data protections obligations and commitments are set out in the council’s privacy notice at [**www.bolton.gov.uk**](http://www.bolton.gov.uk).

This notice provides additional privacy information for people accessing the SEND (Special Educational Needs and Disability) Assessment Service and partners working with Bolton Council.

It describes how we collect, use and share personal information about you:

* in relation to the SEND (Special Educational Needs and Disability) Assessment Service
* the types of personal information we need to process, including information the law describes as ‘special’ because of its sensitivity

It is important that you read this notice, together with any other privacy information we may provide on specific occasions when we are collecting or processing personal information about you, so that you are aware of who and why we are using such information.

|  |  |
| --- | --- |
| **Print Full Name:** |  |
| **Signed:** |  |
| **Date:**  |  |



**Application for an Education, Health and Care Needs Assessment**

**Please complete the following Early Help (EH)/Core Assessment information:**

**Child Details:**

|  |  |
| --- | --- |
| **Name of Child:** |  |
| **D.O.B:** |  | **Age in Years and Months:** |  |
| **Name of Setting:** |  |
| **Key Stage:** |  |  **Year Group:** |  |  |

|  |  |
| --- | --- |
| **Early Help/Core Assessment:** |  |
| **EH Version:** |  | **Origin Date:** |  | **Review Date:** |  |
| **Lead Professional:** |  |
| **EH/Core Assessment Attached:**  |  |
| **Is the child/young person LAC?** | **Yes/No** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Current Academic Year** | **Last Academic Year** |
| **Exclusions** |  |  |
| **Internal Exclusions** |  |  |
| **Attendance** |  |  |
| **Possible** |  |  |
| **Actual** |  |  |



**Section A: All About Me**

* **Ages 0-5 years – To be completed by parent/carer on behalf of a child**

|  |  |
| --- | --- |
| Full Name of child or young person:Known as: |  |
| Date of Birth: |  |
| Education UPN or NHS Number: |  |
| Parent/Carer’s names:(*please indicate parental responsibility)* |  |
| Home telephone number: |  |
| Mobile number: |  |
| Email address: |  |
| School/college/other setting:(include address) |  |

|  |  |
| --- | --- |
| **Current Photo***(Does the parent/YP want a photograph on the plan and if so is there a particular photograph that they want or are they happy for one from school/SIMS to be used?)* | **Health and Development** ***(including diagnosis and background)*** |

*Please write this in the first person if the CYP is clear in their views and in the third person if the CYP’s views have been interpreted by an adult.*

|  |
| --- |
| **How does XXX prefer to communicate?*****Child/Young person’s views******Parental views*****How is it best for people to communicate with XXX?** |

|  |
| --- |
| **What are XXX’s achievements/What do they do well?*****Child/Young person’s views******Parental views*** |

|  |
| --- |
| **What are your aspirations for XXX/what to you want for the future?*****Child/Young person’s views******Parental views*** |

|  |
| --- |
| **What is important to XXX now and in the future?** *(This might include learning, training, communication, care, health, relationship, employment, independent living, housing, community, leisure, travel, inclusion etc)****Child/Young person’s views******Parental views*** |

|  |
| --- |
| **How best to support XXX now and in the future?** *(think about: How they prefer to communicate? What help they need to make decisions? How to present information and choice. Things they are interested in …….. )****Child/Young person’s views******Parental views*** |

**PEOPLE WHO SUPPORT ME**

(to include a description of the role of this person and the support that they provide)

Please add as many boxes as needed

**XXXX**

**Please indicate the child/young person’s MAIN area of difficulty (please tick only 1 box)**

**Cognition & Learning:**

( ) Specific Learning Difficulty (SpLD)

( ) Moderate Learning Difficulty (MLD)

( ) Severe Learning Difficulty (SLD)

( ) Profound & Multiple learning Difficulty (PMLD)

**Social, Emotional and Mental Health difficulties**

( ) Social, emotional and mental health difficulties (SEMH)

**Communication and Interaction Needs:**

( ) Speech, Language and Communication Needs (SLCN)

( ) Autistic Spectrum Disorder (ASD)

**Sensory and/or Physical Needs:**

( ) Visual Impairment (VI)

( ) Hearing Impairment (HI)

( ) Multi-Sensory Impartment (MSI)

( ) Physical Disability (PD)

**Relevant Background Information:**

|  |
| --- |
| **Education Chronology** |
| **Date** | **Year Group** | **Setting** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Home/Family Information (Max: 300 words)** |

**Present Setting Arrangements:**

*(Please give a description of the class/cohort organisation to include total number of learners, any additional adult support available, small group work activities and the number of learners at SEN Support and with EHCPs. Please also include the experience/qualifications of staff.* ***Include the specific support the child has received from setting resources in the section re: Provision Mapping)***. Max 500 words

|  |
| --- |
|  |

**SEN Support Intervention Provision Map**

**WHAT IS/ARE THE CHILD/YOUNG PERSON’S IDENTIFIED NEEDS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **ASSESS** | **PLAN** | **DO** | **REVIEW** |  |
| **Key findings/outcomes from observations / assessments / review** | **Targets agreed with parents and specialist support service to address the identified needs** | **Intervention in place (e.g. Sounds-Write, Anger Management etc.)** | **Who is delivering the intervention** | **How often is this being delivered** – please list any exceptions to this | **Date of review of targets with parents and specialist support service** | **Progress towards target (ranking 1 – 5 as per Annual Review docs ranking)** | **COST** **to school** |
|  **Cycle 1** |  |  |  |  |  |  |  |  |
| **Cycle 2** |  |  |  |  |  |  |  |  |
| **Cycle 3** |  |  |  |  |  |  |  |  |
| **Cycle 4** |  |  |  |  |  |  |  |  |

**Identification of Special Educational Needs**

**For children in the Early Years Foundation Stage:**

**Please complete the following, being as precise as possible, giving examples/descriptors of child’s functioning and tick the correct boxes related to age related expectations. Where appropriate you can add additional developmental summaries to the application such as the Developmental Journal Profile or ASQs.**

**Personal, Social and Emotional Development:**

|  |
| --- |
| *(Include self-help skills, levels of independence, interaction with peers and adults)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **At Age Related Expectations** | **Not Yet** |  | **At Age Related Expectations** | **Not Yet** |
| **Birth – 3 Years** |  |  | **3-4 Years**  |  |  |

**Communication and language:**

|  |
| --- |
| *(Include descriptions of expressive and receptive skills, attention, concentration and listening skills and social use of language)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **At Age Related Expectations** | **Not Yet** |  | **At Age Related Expectations** | **Not Yet** |
| **Birth – 3 Years** |  |  | **3-4 Years**  |  |  |

**Physical Development:**

|  |
| --- |
| *(Include self-help skills relating to any physical development, sensory and gross/fine motor skills)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **At Age Related Expectations** | **Not Yet** |  | **At Age Related Expectations** | **Not Yet** |
| **Birth – 3 Years** |  |  | **3-4 Years**  |  |  |

**Literacy:**

|  |
| --- |
| *(Include information about the child’s interest in books, mark making and rhymes and songs)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **At Age Related Expectations** | **Not Yet** |  | **At Age Related Expectations** | **Not Yet** |
| **Birth – 3 Years** |  |  | **3-4 Years**  |  |  |

**Mathematical Development:**

|  |
| --- |
| *(Include information about the child’s interest in number, shape, space and measures)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **At Age Related Expectations** | **Not Yet** |  | **At Age Related Expectations** | **Not Yet** |
| **Birth – 3 Years** |  |  | **3-4 Years**  |  |  |

**Understanding of the World:**

|  |
| --- |
| **(***Include information about how the child makes connections with family, adults and peers. Consider how the child explores material in the environment and how things work)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **At Age Related Expectations** | **Not Yet** |  | **At Age Related Expectations** | **Not Yet** |
| **Birth – 3 Years** |  |  | **3-4 Years**  |  |  |

**Expressive Arts and Design:**

|  |
| --- |
| *(Consider how the child responds to rhyme, role-play, music, dance, art and how they explore different media)*  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **At Age Related Expectations** | **Not Yet** |  | **At Age Related Expectations** | **Not Yet** |
| **Birth – 3 Years** |  |  | **3-4 Years**  |  |  |

**Implications for Learning**

**Expected Progress for the Identified Child/Young Person:**

*(Using information you have for the child and that from an Educational Psychologist and relevant support services, please detail what progress you have expected the child to make over the past 12 months and whether they have made this progress)*

|  |
| --- |
|  |

**Implications for Access to EYFS Curriculum / National Curriculum and Wider Setting Curriculum:**

*(Using the information provided above regarding the identification of special and/or additional educational need(s), please describe the implications for learning)*

|  |
| --- |
|  |

**Outcomes to be achieved and provision required**

*(Please identify the outcomes that you would expect the child/young person to achieve by the end of Key Stage One and the nature of the provision - e.g. staffing time to deliver what; training; equipment; modification of the setting environment; materials etc - that you are requesting in order to achieve these outcomes).*

|  |  |
| --- | --- |
| **Outcomes to be achieved over the next key stage.** **These should clearly relate to skills that will be required for Employment, Independent Living, Community Inclusion and Health** | **Provision required to achieve these outcomes** |
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**Additional Evidence:**

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**Evidence of Target Setting Play Plans/IEPs/IBPs/Care Plan**

Please provide documentation to evidence that the child, young person and their parents have been involved in a graduated approach to meeting any identified special educational needs. This should include evidence of assessment, planning (target setting relevant to the identified need(s)) and review that has taken place over at least 2 terms. Any personalised provision maps or other individual planning should also reflect the advice given (including that from other professionals who have been consulted), the strategies used and an evaluation of progress made over a period of time.

**Please ensure that you have received parent/carer/guardian permission for this referral to be made, which will include the sharing of information with colleagues from the Local Authority.**

|  |  |
| --- | --- |
| **Signed (practitioner):** |  |
| **Name****(practitioner):** |  |
|  |  |
| **Designation:** |  |
|  |  |
| **Signed** **(parent/carer/guardian)**  |  |

|  |  |
| --- | --- |
|  **Date:** |  |
|  |  |

**Please email completed requests and all supporting document, for example The Educational Psychology report, support services report etc. to:**

**Email:** ea.senreferrals@bolton.gov.uk

**Check List**

**Documents required when requesting an Education, Health and Care Needs Assessment**

**Category 1 (Obvious unmet need)**

This applies to children where there is clear evidence that they have profound and multiple learning difficulties; severe and complex learning; severe physical disabilities or a significant sensory impairment.

|  |  |  |
| --- | --- | --- |
| Cognition & Learning Needs | SLD |  |
| PMLD |  |
| Sensory & Physical Needs | VI |  |
| HI |  |
| MSI\* |  |
| PD |  |

\*Evidence strands as for HI **and** VI

|  |  |
| --- | --- |
| **Essential evidence** | **Appended as report** |
| **Early Help Assessment Plus** |  |
| SLD  | Educational setting (if attending) |  |
| Medical Consultant  |  |
| EP |  |
| PMLD | Educational Setting (if attending) |  |
| Medical Consultant  |  |
| EP |  |
| VI | Educational Setting (if attending) |  |
| Sensory Support Service |  |
| Orthoptist |  |
| EP |  |
| HI | Educational Setting (if attending) |  |
| Sensory Support Service |  |
| Audiologist |  |
| EP |  |
| PD | Educational Setting (if attending) |  |
| Medical Consultant  |  |
| Occupational / Physiotherapist |  |

**Category 2 (developing/emergent needs)**

The majority of pupils will fall under Category 2 and evidence needs to be submitted to show a graduated response to the child’s needs in line with the SEN Code of Practice.

|  |  |
| --- | --- |
| **Essential Evidence** | **Appended as report** |
| **Early Help Assessment** |  |
| **All About Me** |  |
| **Plus Cognition and Learning** |  |
| MLD | Education setting |  |
| Ladywood Outreach Service |  |
| EP |  |
| Other professionals involved with the C/YP |  |
| SpLD | Education Setting |  |
| Specialist Teacher |  |
| EP |  |
| Other professionals involved with the C/YP |  |
| **Social, Emotional and Mental Health Difficulties** |
| SEMH | Educational setting |  |
| Behaviour Support Service |  |
| EP |  |
| Other professionals involved with the C/YP |  |
|  | SDQ scores |  |
| **Communication and Interaction Needs** |
| SLCN | Education setting |  |
| Ladywood Outreach Service |  |
| S & L Therapist |  |
| EP |  |
| Other professionals involved with the C/YP |  |
| ASD | Educational setting |  |
| Ladywood Outreach Service |  |
| Medical Consultant |  |
| EP |  |
| Other professionals involved with C/YP. |  |

|  |
| --- |
| **Sensory & Physical Needs** |
| VI | Educational setting |  |
| Sensory Support Service |  |
| Medical Consultant |  |
| Orthopist |  |
| EP |  |
| Other professionals involved with the C/YP |  |
| HI | Educational setting |  |
| Sensory Support Service |  |
| Medical Consultant |  |
| Audiologist |  |
| EP |  |
| Other professionals involved with C/YP |  |
| MSI | Evidence required for **both** VI & HI |  |
| PD | Educational setting |  |
| Ladywood Outreach Service |  |
| Medical Consultant |  |
| Occupational/Physiotherapist |  |
| EP |  |
| Other professionals involved with the C/YP |  |