

Request for Statutory Education, Health and Care Assessment

Before sending this request please ensure that **all parts of the form** below are completed, and **any additional information** listed below is included. Please add additional boxes if required. **Please ensure that this document is submitted in Word format.**

Please note that by submitting this completed form you are signing to say that you have read and understood the Privacy Statement and agree with how your information will be used. This can be found on final page of this document. You can also read the full Privacy Statement by accessing the following web link on the Local Offer [here](http://www.coventry.gov.uk/info/157/coventrys_special_educational_needs_and_disability_send_local_offer/3178/privacy_notice_-_statutory_assessment_and_review_service/1).

The parent(s)/carer(s) and the school/setting should then sign the form.

1. Request for Statutory Assessment Checklist

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| Documentation  |  |
| Signed Family ConversationAbout Me/Pupil Profile (if possible please include a photo or picture. Parent/YP must consent)Signed RequestAttendance dataRSA Checklist for Educational Settings |[ ]
| Current attainment and how this relates to the pupils age. Include evidence of how many months/years they are behind age related expectations.We require an explanation of how your school measures progress and how many steps of progress they are expected to make each year. |[ ]
| My Support Plan/IEP/Provision Plan etc that has been formulated with involvement of external support agencies (e.g. Speech and Language, SEMLH, EPS etc). **These should evidence a graduated approach over at least 3 terms and should include reviews of interventions, impact and evidence that interventions have been adapted when not working.** |[ ]
| If appropriate, EPS involvement and a report written within the last 12 months. |[ ]
| If appropriate evidence of health advice being sought and implemented, for example relevant information on medical advice to the school. |[ ]
| If appropriate, evidence relating to social care involvement/ Early Help/CAF. |[ ]

1. Details of Child or Young Person

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| Current Setting |  |
| Current Year Group |  |
| Child/Young Person Name |  |
| Date of Birth |  |
| Sex |  |
| Religion |  |
| First Language |  |
| Ethnicity |  |
|  |
| Parents Name |  |
| Parents First Language |  |
| Address |  |
| Telephone Number |  |
| Email address |  |
| NHS Number |  |
| Health Authority |   |
| Unique Pupil Number |  |
| Preferred Method of Contact |  |

1. Attainment

Please provide details of the grading system used in school and how this relates to expected progress.

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 Please provide details of the child/young person’s current attainment

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| Curriculum Area & Core Subjects | Teacher Assessed Grade & Date | Formal Assessment Grade & Date include details of test used | Months/Years behind Age Related Expectations |
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Please provide details of recent standardised tests, eg EP, SLT, BACS, Early Years Tracker etc

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| Standardised Test | Date | Percentile  | Age Equivalent |
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1. Reason for making the request

Please summarise the reason you are making the request for a statutory assessment

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1. Perceived Primary Area Need

Please prioritise where you feel the primary and secondary areas of need are

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| Please prioritise (1, 2 - primary/secondary need): |
| **Cognition and Learning** | **Communication and Interaction** | **Social, Emotional and Mental Health** | **Physical/Sensory/ Medical** |
| Moderate learning difficulties |  | Speech & language difficulties |  | Social difficulties |  | Physical difficulties |  |
| Specific learning difficulties |  | Autistic Spectrum Disorder |  | Emotional difficulties |  | Visual impairment |  |
| Severe learning difficulties |  | Social communication difficulties |  | Other SEMH difficulties |  | Hearing impairment |  |
| Profound & multiple learning difficulties |  |  |  | ADD/ADHD |  | Medical difficulties |  |

1. Special Education Needs

Please provide details of the special education needs in the areas that are relevant.

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| Cognition and learning: |
| Communication and interaction: |
| Social, emotional & mental health needs: |
| Independence and self-care: |
| Physical, sensory and health needs: |
| Support for the family that is already in place (e.g. CAF, early help) |

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|   | Name of Professional and contact details | Date(s) of involvement | Report included? (Y/N) |
| SEMH&L (Social, Emotional, Mental Health & Training) Team  |    |   |   |
| Complex Communication Team (including autism)  |    |   |   |
| Educational Psychology Service  |    |   |   |
| EMAS (Ethnic Minority Achievement Service)  |    |   |   |
| Sensory Service  |    |   |   |
| SEND Early Years  |    |   |   |
| Hospital Education Service  |   |   |   |
| Community Paediatrician   |   |   |   |
| Speech and Language Therapy Service             |   |   |   |
| Paediatric Occupational Therapy Service             |   |   |   |
| Paediatric Physiotherapy Service                           |    |   |   |
| Child and Adolescent Mental Health Service (CAMHS)    |   |   |   |
| Other – Please list below  |   |   |   |

1. Involvement of External Services

Please provide details of the services have been working with the child/young person

1. Education Advice

Section 1: Support provided by school/setting

Section 2: Additional support required above delegated budget

**When completing each of these sections, please consider the special education needs of the child/young person you have detailed in Section 6, above.**

**Section 1 - Interventions over the past 12 months – evidence of a graduated approach**

What specific support has the school/setting put in place to meet the special educational needs of the child/young person?

Schools will currently be providing this support from their delegated budget, up to a cost of £6,000.

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| 1st term interventions and expected outcomes | Dates from/toFrequencyLengthGroup sizeDelivered by | Who provided the advice for the intervention? | Was the outcome achieved? | What did you do next? | Cost of intervention (if relevant)This does not include universal support services, but would include TA/HLTA time |
| *Example**Social Skills group, to develop 1 friendship* | *Spring term 19**30 mins per week**6 weeks**1:8**TA* | *SEMHL* | *Yes – he developed 1 friendship**No – unable to make a friend* | *Yes – ad-hoc support by all adults to use skills in unstructured time**No – requested advice from CCT & reduced group size* |  |
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| 2nd term interventions and expected outcomes | Dates from/toFrequencyLengthGroup sizeDelivered by | Who provided the advice for the intervention? | Was the outcome achieved? | What did you do next? | Cost of intervention (if relevant)This does not include universal support services, but would include TA/HLTA time |
| *Example**Social Skills group, to develop 1 friendship* | *Summer term 19**30 mins x2 per week**6 weeks**1:4**TA* | *CCT* | *Yes – partially, able to make friends with adult support**No – no progress* | *Yes – adult reminders to use these skills in unstructured times**No – possible referral to CAMHS/EP for advice* |  |
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| 3rd term interventions and expected outcomes | Dates from/toFrequencyLengthGroup sizeDelivered by | Who provided the advice for the intervention? | Was the outcome achieved? | What did you do next? | Cost of intervention (if relevant)This does not include universal support services, but would include TA/HLTA time |
| *Example**Social Skills group, to initiate an interaction with a peer* | *Autumn term 19**30 mins x2 per week**6 weeks**1:2**TA* | *EP* | *Yes – initiated an interaction with adult support**No – no progress, refused to interact with peers* | *Yes – to support using skills within larger groups/unstructured times**No – additional social skills work on 1:1 ratio, specific to child’s needs* |  |
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**Section 2 - Additional Support Required**

What additional support, which cannot be provided from the school/setting/s delegated budget, is needed to overcome the barriers for this child/young person?

This additional support should be clearly defined, specified and quantified.

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| Special Educational NeedWhat does the child/young person need support with? | What interventions/support does this require? | FrequencyLengthGroup sizeDelivered by | Expected Outcome,How it will be measured and how often | Cost of intervention (if relevant)This does not include universal support services, but would include TA/HLTA time |
| *Example**Social Communication & Interaction**Child needs support to interact appropriately during unstructured times* | *Additional support for an adult to model and praise appropriate interaction and to support development of relationships with other children*  | *Daily – during unstructured times (1.5 hours per day)**1 term subject to review**1:1**Learning Mentor* | *Child will be able to interact appropriately during unstructured times, without supervision at break and lunchtimes for at least 80% of the time* | *£1377* |
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1. School/Setting Referrer

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| Name of person submitting the request |  |
| Role |  |
| Signature |  |
| Date |  |

**This page should be submitted as a .pdf format**

Summary Privacy Notice – Statutory Assessment and Review Service

The information you provide helps us to process requests for a statutory assessment for children and young people who have special educational needs and disabilities (SEND). It will be used to ensure we meet our legal duties and responsibilities in relation to children and young people with SEND under the Children’s and Families Act 2014 and The SEND Code of Practice 2014.

As part of this we will gather and share your personal information with organisations who will be able to provide advice and guidance to support the statutory assessment process. This may include; schools, early year’s settings, other Local Authorities, internal departments including Social Care, medical and health agencies and sometime the Department of Education.

More information on how we handle personal information and your rights under the data protection legislation can be found in our full [Privacy Notice here](http://www.coventry.gov.uk/info/157/coventrys_special_educational_needs_and_disability_send_local_offer/3178/privacy_notice_-_statutory_assessment_and_review_service/1).

1. Parent/Carer/Young Person Agreement

**I/We give consent for the Early Years setting/School/College to request a Statutory Education, Health & Care Assessment for my/our son/daughter.**

**I/We confirm that I/we have read and understood all of the information included in this request.**

**I/We certify that the information, which I/we have provided, is correct.**

**I/We have read the Privacy Statement and understand that the information provided in this application will be used to ensure that the council’s records are correct. It will also be shared with other agencies and service providers to ensure that our son/daughter receives an appropriate service.**

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| Name(s) of Parent/Carer/Young Person(if the request is for a young person 16 years or over this must be signed by them) |  |
| Signature  |  |
| Signature |  |
| Date |  |