Request for EHC Needs Assessment for students with ‘My Support Plan’

Name of Student:

Name of Setting:

Name and role of person submitting the request:

Please summarise the reasons for requesting an EHC Needs Assessment

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| --- |
|  |

Please identify the student’s primary area(s) of need

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cognition and Learning | Moderate Learning Difficulties | Specific Learning Difficulties | Severe Learning Difficulties | Profound and Multiple Learning Difficulties |
| Communication and Interaction | Speech and language difficulties | Autistic Spectrum Disorder | Social Communication Difficulties |  |
| Social, Emotional and Mental Health | Social Difficulties | Emotional Difficulties | Other SEMH | ADD/ ADHD |
| Physical and Sensory Needs | Physical difficulties | Visual Impairment | Hearing Impairment | Medical Difficulties |

Supporting Evidence Checklist

|  |  |  |
| --- | --- | --- |
| Completed My Plan (with review) | Current My Plan | Attendance Summary |
| Progress Data | Family Conversation | Professional Reports |

Evidence of a Graduated Approach

Cycle 1: This is usually support provided by school staff.

|  |  |  |
| --- | --- | --- |
| What additional support was provided? | What impact did it have? | How is the support evidenced? |
|  |  |  |

Cycle 2: This is usually support provided in collaboration with outside agencies.

|  |  |  |
| --- | --- | --- |
| What additional support was provided? | What impact did it have? | How is the support evidenced? |
|  |  |  |

Cycle 3: This is support provided through ‘My Support Plan’

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| --- |
| Summary of additional support provided in My Support Plan |
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Cost of Current Support

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| --- |
| Where possible, please provide details of the financial costs associated with the support already being provided to the student |
|  |

Additional Support Requested

|  |  |  |  |
| --- | --- | --- | --- |
| What additional support is needed?  (in addition to that available through the school’s delegated budget) | How frequently does it need to be provided? | Who needs to provide it? | What is the financial cost associated with this provision? |
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Student Conversation

|  |  |
| --- | --- |
| How would you describe yourself? |  |
| How do other people describe you? |  |

|  |  |  |
| --- | --- | --- |
|  | In School | Out of school |
| What do you enjoy? |  |  |
| What do you not enjoy? |  |  |
| What are you good at? |  |  |
| What do you find difficult? |  |  |
| What helps you to overcome these difficulties? |  |  |
| What extra help would you like? |  |  |

|  |  |
| --- | --- |
| What are your hopes for the future? |  |
| What steps do you need to take to achieve them? |  |

|  |  |
| --- | --- |
| I completed this activity with: |  |
| They helped me by: |  |

Family Conversation

**What are the young person’s strengths?**

**What do you think of the young person’s life at the moment?**

(tip: Think in terms of support received, people their child/young person knows and likes, why the things they think are good in their child/young person’s life are working well)

**What do you want for the young person in the future?**

(tip: parents’ aspirations, dreams and hopes, try to relate back to strengths and skills)

**What additional support would be helpful for your family?**

**What is working and needs to stay the same?**

|  |  |  |  |
| --- | --- | --- | --- |
| Support currently in place | What is this support achieving | Who provides this support | How often does this happen |
| e.g. 6 week group work block | Developing expressive language | Speech and Language Therapy | Once per week |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**What isn’t working well and how does it need to change?**

|  |  |  |  |
| --- | --- | --- | --- |
| What my child/young person needs help with | What could be put into place | Who would provide this (this could include family and friends) | What would be the intended outcome |
| Communicating with peers | 6 week work block | Speech and Language therapy | Developed expressive language |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Consent**

**Please sign below to indicate that:**

* Your views have been included in this document.
* You have received information about the Education, Health and Care (EHC) Needs Assessment process and understand that further information can be provided by the Special Educational Needs and Disabilities Information Advice Service (SENDIAS), if required.
* You consent to a request for an EHC Needs Assessment being submitted to the Local Authority.
* You consent to a copy of this document being shared with the Local Authority alongside supporting information (as detailed on the front of this document).
* You consent to any professionals, instructed by the Local Authority to gather additional information about your son/daughter’s needs for the purpose of an EHC Needs Assessment, to do so.

……………………………………………………………………Young Person (if appropriate)

……………………………………………………………………Parent/Carer

……………………………………………………………………School representative / Plan author

……………………………………………………………………Date

**Keeping you informed**

As we progress through the Education, Health & Care Assessment process we feel it is important to keep you informed. To enable us to do so please indicate your preferred method of contact below:

Email

Post

Telephone

If you have any access issues, for example a disability, language or literacy barrier please provide details of any additional support requirements or reasonable adjustments that the LA will need to take into account to support you/your family through this process: