Request for Education, Health and Care (EHC) Assessment for Early Years

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| Name of PupilName of ParentUPNNHS Number Health Authority  | Sex | School Year |
| Date of Birth |
| Is the pupil a Looked After Child/Young Person?Yes NoIs the young person in receipt of Pupil Premium? Yes No | Number of funded hours per week:Attendance this term Sessions available \_\_ / Sessions attended \_\_Attendance last termSessions available \_\_ / Sessions attended \_\_ |
| First LanguageParent Carer First Language | EthnicityReligion  |
| Address Telephone NumberEmail AddressParents’ preferred method of contact  |

Name and role of person submitting the request:

Name of Setting:

Address of the Setting:

Telephone Number of the setting:

Please summarise the reasons for requesting an EHC Needs Assessment

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What concerns do you have about the child’s move to their reception year?

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Please prioritise where you feel the primary (1) and secondary areas (2) of need are:

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| --- | --- | --- | --- | --- |
| 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 |

Evidence of a Graduated Approach

Cycle 1:

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| --- | --- | --- |
| What additional support was provided?  | What impact did it have? | How is the support evidenced?  |
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Cycle 2:

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

Cycle 3:

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| --- |
| Summary of additional support provided in My Support Plan |
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| If you are not able to evidence 3 cycles of support please give reasons for this. |
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Provision Currently in Place

Setting context:

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Additional Support provided by the setting:

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Additional support provided by external agencies:

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**Summary Privacy Notice**

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).

**Parent/Carer Agreement**

I/We give consent for the Early Years setting/School 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.

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

……………………………………………………………………Setting representative

……………………………………………………………………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: