

**Request for professional information/ advice to support the development of an Education, Health and Care Plan for a child/young adult**

**Context**

This information is sought in accordance with the Children and Families Act 2014. The Local Authority is seeking advice as part of an Education, Health and Care Assessment.

**Young Person’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | | |
| **Last Name** |  | | |
| **Date of Birth:** |  | **Gender:** |  |
| **Home address:** |  | | |
| **Ethnicity:** |  | **Religion:** | **Language:** |
| **UPN** |  | **School:** |  |

**Type of advice (Please highlight)**

|  |  |
| --- | --- |
| Assessment request | EHC Assessment |
| Review of EHCP | Re-assessment |

**Advice Giver’s details**

|  |  |
| --- | --- |
| **Name:** | **Service:** Cognition and Learning Team |
| **Job Title:** | |
| **Qualifications:** | |
| **Experience:** | |

|  |  |  |
| --- | --- | --- |
| **Is the child/young person known to your service?** | Yes | No |
| **What has your involvement been with the child/young person?** (Traditional *Background to the Assessment* section). | | |

**Sources of information**

It is important to state the information that has been gathered to form the basis of this report and in particular to justify your findings. Please list all the sources of information used in the report.

|  |  |  |
| --- | --- | --- |
| **Date** | **Author** | **Brief description of the evidence** |
|  |  |  |
|  |  |  |

**Details of contact with the service**

For the purposes of this assessment, the following people were consulted

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Name** | **Setting e.g. home, school** | **Type of contact e.g. observation, assessment** | **Report available (Y/N)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section A: VIEWS, INTERESTS AND ASPIRATIONS OF X AND HIS / HER FAMILY**

**All about X** (to include anything that adds to the ‘All About me’ (traditional parent’s view / student view)

**Section B: DESCRIPTION OF CHILD’S SPECIAL EDUCATIONAL NEEDS**

**Cognition and Learning** (Assessment description)

**X’s Cognition and Learning Needs** (summary)

**Impact of C&L on**

**Communication and Interaction** (Assessment description)

**X’s Communication and Interaction Needs:** (summary)



**Social and Emotional and Mental Health** (Assessment description)

**X’s Social and Emotional and Mental Health needs:** (summary)



**Sensory and Physical** (Assessment description)

**X’s Sensory and Physical needs:** (summary)



**Conclusion**

Include Range

**Sections E and F: NEEDS, OUTCOMES and SPECIAL EDUCATIONAL PROVISION**

**Summary of Needs**

|  |  |  |
| --- | --- | --- |
| **Area of Need (Section B)** | **Description** | **Range/Level/Tier** |
| **Cognition and learning** |  |  |
| **Communication and interaction** |  |  |
| **Social, Emotional and Mental Health Difficulties** |  |  |
| **Sensory and or Physical Needs** |  |  |

**Long Term Outcomes (by the end of …)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Need** | **Outcome Sought (Section E)** | **Educational Provision (Section F)** | **Monitoring arrangements** |
|  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Implications Relating to the National Curriculum**

**Completed by:**

**Name:**

**Position Held:**

**Date:**

**Signature**