

**EHC Assessment Referral Form**

**If there is a safeguarding concern, please refer to Children’s Initial Contact Point on** 01274 437500

Please submit this referral via secure email to: **SEN@bradford.gov.uk**

Once received, referrals will be screened and sent to a weekly SEND panel. You will be informed of the Local Authority’s decision within 6 weeks of the date the referral is received.

For any clarification or further information please contact the SEND Assessment Team by telephone: **01274 435750**, or by post: **SEN Assessment Team, Floor 3, Margaret McMillan Tower, Bradford, BD1 1NN.**

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| This form constitutes a formal request for an Education, Health and Care (EHC) Assessment in accordance with s36 of the Children and Families Act 2014.Some of the information requested in this form may already be contained in a recent My Support Plan. Where this is the case, please submit the My Support Plan and make reference to it in this document. |

# Section 1a: Referrer’s details

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| --- | --- |
| **Name** |  |
| **Role** |  |
| **Contact Details** |  |
| **Signed** |  | **Dated** |  |

# Section 1b: Child/young person’s details

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| --- | --- | --- | --- |
| **First name** | **Surname** | **Date of Birth** | **Address** |
|  |  |  |  |
| **Gender** | **First Language** | **Religion** |
|  |  |  |
| **Ethnicity** | **NHS number** | **EHA/CIN/CP** |
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| --- | --- | --- |
| **‘Looked after’ status:** | **Is the child ‘looked after’?** | **Yes** [ ]  **No** [ ]  |
| **If yes, the Local Authority responsible for the child’s care:** |
|  |
| **If yes, the name and details of the corporate parent:** |
| **Social worker:** |  | **Contact details:** |  |

# Section 1c: Family’s details

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| --- | --- | --- |
| **Full name** | **Relationship** | **Contact Details** |
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| **Language used at home** | **Details of any interpretation/access support needed for the family** |
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# **Section 1d: Involved professionals**

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| **Name** | **Role** | **Contact Details** |
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# Section 2: Consent

# *(Note: This EHC referral will not be accepted unless this page is complete)*

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| **Parent/carer consent and declaration** |
| **Request for assessment:** I am in agreement with this **request** that the Local Authority undertakes a statutory EHC needs assessment for my child.**Requesting and sharing information:** I give the Local Authority permission to **share** my / my child’s personal details with relevant professionals and organisations - such as Education, Health and Social Care - to gather evidence for this statutory EHC needs assessment. I give the Local Authority permission to **request** any information regarding my child regarding this statutory EHC needs assessment.**Permission to observe:** I give permission for any relevant agency or provider to **observe** my child in their current setting to provide information to the Local Authority on how to best support their needs.**Permission to consult:** I give the Local Authority permission to **consult** with a range of local schools / post-16 institutions / early years providers in the event that my child require/s additional support.**Opting out:** I understand that I have the right to opt out of any/all of the agreements above at any time, and am aware that by doing so, the statutory EHC needs assessment will immediately cease to continue. |
| **Parent/carer name/s:** | **Parent/carer signatures:** | **Date:** |
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| **Young Person consent and declaration***Note: After the end of the academic year in which the young person turns 16 (normally Year 11) the right to make requests and decisions under the Children and Families Act 2014 applies to young people directly, rather than to their parents. Parents, or other family members, can continue to support young people in decision making, or act on their behalf, provided that the young person is happy for them to do so.* |
| **Request for assessment:** I am in agreement with this **request** that the Local Authority undertakes a statutory EHC needs assessment on my behalf.**Requesting and sharing information:** I give the Local Authority permission to **share** my personal details with relevant professionals and organisations - such as Education, Health and Social Care - to gather evidence for this statutory EHC needs assessment. I give the Local Authority permission to **request** any information about me regarding this statutory EHC needs assessment.**Permission to observe:** I give permission for any relevant agency or provider to **meet, observe and assess** me in my current setting to provide information to the Local Authority on how to best support me.**Permission to consult:** I give the Local Authority permission to **consult** with a range of local schools / post-16 institutions in the event that I may require additional support.**Opting out:** I understand that I have the right to opt out of any/all of the agreements above at any time, and am aware that by doing so, the statutory EHC needs assessment will immediately cease to continue. |
| I am happy to liaise with the local authority directly throughout the EHC assessment: | **Yes** [ ]  **No** [ ]  |
| If no, I nominate the following person to act on my behalf throughout the EHC assessment: | **Name:****Details:**  |
| **Young person’s name:** | **Young person’s signature:** | **Date:** |
|  |  |  |

**Section 3a: Child / young person’s views**

*Note: please avoid using the ‘first person’ unless you are quoting actual words spoken or written by the child/young person themselves*

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| **How were these views captured?** |
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| **What do people like and admire most about them?** |
|  |
| **What do they like doing? What makes them happy?** |
|  |
| **What are they good at?** |
|  |
| **What do they find difficult?** |
|  |
| **What helps them learn?** |
|  |
| **What keeps them healthy?** |
|  |
| **What would they like to do when they are older?** |
|  |

# Section 3b: Parent / carer views

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| **Parent / Carer Views:** |
| What is my child’s history?  |  |
| What are my child’s strengths? What do people like and admire about them? |  |
| What is important to, and for, my child? |  |
| What’s working well for my child? |  |
| What is not working so well for my child at the moment? |  |
| **What are my aspirations and hopes for my child’s future?** |
| In the medium term (e.g. 2 to 4 years) |  |
| In the long term (e.g. 4 to 6 years, or further in the future) |  |

# Section 4a: Attainment Data

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EYFS / EYDJ** | **Previous year** | **Aut 1** | **Aut 2** | **Spr 1** | **Spr 2** | **Sum 1** | **End of Year** | **End of Phase/KS** |
| **PSED** |  |  |  |  |  |  |  |  |
| **C&I** |  |  |  |  |  |  |  |  |
| **Thinking** |  |  |  |  |  |  |  |  |
| **Physical** |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **KS1 & 2** | **Previous year** | **Aut 1** | **Aut 2** | **Spr 1** | **Spr 2** | **Sum 1** | **End of Year** | **End of Phase/KS** |
| **Reading** |  |  |  |  |  |  |  |  |
| **Writing** |  |  |  |  |  |  |  |  |
| **SPaG** |  |  |  |  |  |  |  |  |
| **Maths: Arith** |  |  |  |  |  |  |  |  |
| **Maths: Re & PS** |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **KS3 & 4** | **Previous year** | **Aut 1** | **Aut 2** | **Spr 1** | **Spr 2** | **Sum 1** | **End of Year** | **End of Phase/KS** |
| **English Lang** |  |  |  |  |  |  |  |  |
| **English Lit** |  |  |  |  |  |  |  |  |
| **Maths** |  |  |  |  |  |  |  |  |
| **Science** |  |  |  |  |  |  |  |  |
| **Other:** |  |  |  |  |  |  |  |  |

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| **Key Stage 5 and further education -** Provide information regarding XPPPPX’s current course attainment and progress over time |
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# Section 4b: Attendance

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| **Current %:** | **Last year %:** | **Please explain any attendance issues:** |
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# Section 5a: Special Educational Needs

*Please provide a short description of the child / young person’s special educational needs. This must relate to the impact around education and their accessibility to learning.*

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| **Summary of Special Educational Needs** |
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| **Cognition and Learning** |
| **Strengths**What can the child/young person do now?**Needs**What skills / abilities / knowledge is the child/young person beginning to develop or have the aptitude to do?What current barriers and difficulties does the child/young person experience? What is the impact? |

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| --- |
| **Communication and Interaction** |
| **Strengths**What can the child/young person do now?**Needs**What skills / abilities / knowledge is the child/young person beginning to develop or have the aptitude to do?What current barriers and difficulties does the child/young person experience? What is the impact? |

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| **Social, Emotional and Mental Health** |
| **Strengths**What can the child/young person do now?**Needs**What skills / abilities / knowledge is the child/young person beginning to develop or have the aptitude to do?What current barriers and difficulties does the child/young person experience? What is the impact? |

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| **Physical and/or Sensory** |
| **Strengths**What can the child/young person do now?**Needs**What skills / abilities / knowledge is the child/young person beginning to develop or have the aptitude to do?What current barriers and difficulties does the child/young person experience? What is the impact? |

# Section 5b: Preparation for adulthood

*From Year 9 at the latest, information regarding a child/young person’s needs should include additional information regarding how they are being prepared for adulthood.*

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| **Higher education and/or employment** |
| **Strengths**What can the child/young person do now?**Needs**What skills / abilities / knowledge is the child/young person beginning to develop or have the aptitude to do?What current barriers and difficulties does the child/young person experience? What is the impact? |

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| **Independent living** |
| **Strengths**What can the child/young person do now?**Needs**What skills / abilities / knowledge is the child/young person beginning to develop or have the aptitude to do?What current barriers and difficulties does the child/young person experience? What is the impact? |

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| **Participating in society** |
| **Strengths**What can the child/young person do now?**Needs**What skills / abilities / knowledge is the child/young person beginning to develop or have the aptitude to do?What current barriers and difficulties does the child/young person experience? What is the impact? |

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| **Being as healthy as possible in adult life** |
| **Strengths**What can the child/young person do now?**Needs**What skills / abilities / knowledge is the child/young person beginning to develop or have the aptitude to do?What current barriers and difficulties does the child/young person experience? What is the impact? |

# Section 6: Outcomes and Provision

*Using professional reports and evidence collected through a ‘graduated approach’*

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| --- | --- | --- | --- | --- |
| **Area of need**  | **Outcomes**  | **Educational Provision currently being made**(e.g. type/frequency/time, level of expertise) | **Total / week****(minutes)** | **Cost** |
| **Cognition and Learning**  |  |  |  |  |
| **Communication and Interaction** |  |  |  |  |
| **Social Emotional and Mental Health** |  |  |  |  |
| **Sensory and or Physical** |  |  |  |  |
| **Preparation for adulthood – Year 9 onwards** |
| **Higher education / employment** |  |  |  |  |
| **Independent living** |  |  |  |  |
| **Participating in society** |  |  |  |  |
| **Being as healthy as possible in adult life** |  |  |  |  |

# Section 7: Health Needs

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| **GP’s details:** |  | **NHS number:** |  |
| **Summary of health needs which relate to identified special educational needs** |
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| **Health agencies who are currently or have been involved with the child/young person** |
| **Name** | **Agency** | **Contact Details** | **Report attached?** |
|  |  |  | **Yes** [ ]  **No** [ ]  |
|  |  |  | **Yes** [ ]  **No** [ ]  |
|  |  |  | **Yes** [ ]  **No** [ ]  |
|  |  |  | **Yes** [ ]  **No** [ ]  |
|  |  |  | **Yes** [ ]  **No** [ ]  |
|  |  |  | **Yes** [ ]  **No** [ ]  |
|  |  |  | **Yes** [ ]  **No** [ ]  |
|  |  |  | **Yes** [ ]  **No** [ ]  |

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| **What support has been accessed / implemented so far?** |
|  |

# Section 8: Social Care Needs

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| **Summary of Social Care needs which relate to identified special educational needs** |
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| **Children’s Social Care Involvement**  |
| Type of Involvement | Current | Previous | Details |
| Child Protection Plan |  |  |  |
| Child in Need Plan |  |  |  |
| Looked After Child |  |  |  |
| Early Help |  |  |  |

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| **Other agencies currently involved with the family (e.g. family support, Youth Offending, Police, etc.)** |
| Name | Agency | Contact Details | Role with Family |
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| **What support has been accessed / implemented so far?** |
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| **How worried are you about this child’s situation?**Where 0 you have no worries or concerns and 10 is the most concerned you can be(Please tick applicable)  |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Please give reasons why you feel the child is at this point on the scale: |

|  |
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| **Are there any risks to Professionals when visiting the family?** (Please explain any specific risks involved in supporting the family) |
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**If there is a safeguarding concern, please refer to Children’s Initial Contact Point on** 01274 437500

# Appendix 1: Evidence for Education Health and Care Assessment

*In order to ensure your request is processed promptly and to support the decision making process, it is advised to provide the following documentation:*

|  |  |
| --- | --- |
| **Signed consent** from parents / carers / young person to request an EHCA (section 2) |  |
| **Child or young persons** **views** including their short term and long term aspirations (section 3a) |  |
| **Parent / Carer** or Corporate parent **views** including their short term and long term aspirations (section 3b) |  |
| Evidence of a **graduated approach** through the ‘assess, plan, do, review’ cycle. This could be through your **My Support** **Plan** cycles and review of progress towards outcomes (section 5) |  |
| A **provision map** to highlight the frequency of support as well as a costing analysis (section 6) |  |
| **Attainment and progress data** over a 2 year period to evidence **impact** of support implemented (section 4) |  |
| Any **professional advice** such as support service, external agency, medial and social care reports and how these have been implemented. (This can be shown through a robust ‘assess, plan, do, review’ cycle through your **My Support** **Plan**) (section 7 and 8) |  |
| Any historical reports which you feel may be of relevance to support the referral |  |