**Request for SEND Support**

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

Thank you for submitting your request for SEND Support

Please indicate what the request is for:

|  |  |
| --- | --- |
| My Support Plan Funding |  |
| Education Health and Care Needs Assessment |  |
| Education Health and Care Needs Assessment with continuation of MSP funding |  |

In order to ensure the request is processed promptly, please ensure you have:

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| --- | --- |
| Checked that the child / young person is at Range 3 / 4 (MSP) or Range 4 (EHCP) using the Bradford Range Guidance or using the ‘Revised Attainment Profile’ grid; |  |
| Gained consent from parents / carers / young person to request a My Support Plan / EHCNA; |  |
| Completed all relevant sections of this form; |  |
| Completed an individual ‘SEN Support Offer’ grid to demonstrate how the notional SEND funding of up to 10K has been spent in attempting to meet the young person’s needs and the impact of this. |  |
| Included any professional advice to support the request SEND support |  |

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| **Consent**  It is expected that parent/carers (and where relevant, young people) have consented to this request for assessment.  **The initial screening involves Social Care, Health and Educational professionals.** **Have you informed the parent/carer and/or young person that you are making this referral and the information will be seen by relevant Social Care, Health and Educational professionals?**  **Do you have consent for this referral? Yes / No**  If consent has been given please say who it was from (i.e. Parent/carer or young person):  Verbal consent? Yes / No Written consent? Yes / No  This referral and any supporting information will be shared with relevant Social Care, Health and Educational Professionals and parents/carers. |

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| **Young Person Personal Details** | | | | | | | | | | | |
| First Name | | Family Name (s) | | DOB | | Age | M/F | | Setting | | NC Year |
|  | |  | |  | |  |  | |  | |  |
| |  |  |  |  | | --- | --- | --- | --- | | **Young Person Home Details** | | | | | Address | Telephone | email | |  |  |  | | | | | | | | | | | | |
| **Significant Adults** | | | | | | | | | | | |
| Family Name | First Name | | Relationship to Child | | Parental responsibility? | | | Contact details (if different to above) | | | |
|  |  | |  | |  | | |  | |  | |
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| **Setting Details** | |
| Name of Setting |  |
| Name of Referrer / role |  |
| Pupil Premium |  |
| Attendance |  |
| Exclusions |  |

**Section A:  *‘This is me…’***

If written in the first person, the plan should make clear whether the child or young person is being quoted directly, or if the views of parents or professionals are being represented.

Written by:

|  |  |
| --- | --- |
| **The views, interests and aspirations of the young person and his/her family** | |
| What is my history? |  |
| What are my home circumstances? |  |
| Who are my family and important people in my life? |  |
| What are my health needs? |  |
| **Likes and preferences** | |
| What are my likes and hobbies? |  |
| What am I good at doing? |  |
| What thinks don’t I like? |  |
| What’s important for me? |  |
| What are my aspirations e.g. education, play, health, friendships, form, further education, work. |  |
| **My Support Needs** | |
| What do people do for me? |  |
| What’s working well for me? |  |
| What could be better for me? |  |
| How to communicate with me and engage me in decision making. |  |

|  |  |
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| **Parents’ Views:** | |
| What is working for my child now |  |
| What is not working so well for my child at the moment |  |
| What would make things better for my child |  |
| What are my goals and aspirations for my child? |  |
| Short term - the next 6-12 months |  |
| Long term - what I want for my child’s future beyond next year and ‘when they are an adult’ |  |

**Section B : Educational Needs**

|  |
| --- |
| **Introduction** |
|  |

|  |
| --- |
| **Area of Need: Cognition and Learning** |
| Current attainment: (*National Curriculum Age Related Expectations / EYFS / Developmental Journal*)   |  |  |  | | --- | --- | --- | | Current | Previous (12 months ago) | Less than / Expected /Better | |  |  |  |   Description of Needs: What can the young person do now?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | SEN Range | 1 | 2 | 3 | 4 |   Summary of Needs: What does the young person need to develop / achieve next? |

|  |
| --- |
| **Area of Need : Communication and Interaction** |
| Current attainment: (*EYFS / Developmental Journal/ Other*)   |  |  |  | | --- | --- | --- | | Current | Previous (12 months ago) | Less than / Expected /Better | |  |  |  |   Description of Needs: What can the young person do now?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | SEN Range | 1 | 2 | 3 | 4 |   Summary of Needs: What does the young person need to develop / achieve next? |

|  |
| --- |
| **Area of Need: Social, Emotional and Mental Health Needs** |
| Current attainment: (*EYFS / Developmental Journal / Other*)   |  |  |  | | --- | --- | --- | | Current | Previous (12 months ago) | Less than / Expected /Better | |  |  |  |   Description of Needs: What can the young person do now?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | SEN Range | 1 | 2 | 3 | 4 |   Summary of Needs: What does the young person need to develop / achieve next? |

|  |
| --- |
| **Areas of Need: Sensory and or Physical Needs** |
| Current attainment: (*EYFS / Developmental Journal / Other*)   |  |  |  | | --- | --- | --- | | Current | Previous (12 months ago) | Less than / Expected /Better | |  |  |  |   Description of Needs: What can the young person do now?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | SEN Range | 1 | 2 | 3 | 4 |   Summary of Needs: What does the young person need to develop / achieve next? |

**Section C: Health Needs**

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| --- |
| **Summary of health needs which relate to identified special educational needs.** |
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| --- | --- | --- | --- |
| **Please note the details of any agencies that you know are currently or have been involved with the young person and the family in relation to health needs** | | | |
| **Name** | **Agency** | **Contact Details** | **Report attached?** |
|  |  |  | Y N |
|  |  |  | Y N |
|  |  |  | Y N |
|  |  |  | Y N |

|  |
| --- |
| **What has been tried so far?** |
|  |

|  |  |  |
| --- | --- | --- |
| **Brief Summary** | | |
| What are you worried about? | What is working well? | What needs to happen? |

**Section D: Social Care Needs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Summary of Social Care needs which relate to identified special educational needs.** | | | |
|  | | | |
| **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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| **Agencies Currently Involved with the Family** | | | |
| Name | Agency | Contact Details | Role in Family |
|  |  |  |  |
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| **What has been tried so far?** |
|  |

|  |  |  |
| --- | --- | --- |
| **Brief Summary** | | |
| What are you worried about? | What is working well? | What needs to happen? |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **How worried are you about this child’s situation?**  **Where 0 is the most concerned you can be and 10 you have no worries or concerns (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: | | | | | | | | | | |

|  |  |
| --- | --- |
| **Families First Criteria (Please tick which applies )** | |
| Adult or Child involved in Crime or Anti-Social Behaviour |  |
| Children not attending school / low attendance / history of exclusion |  |
| Concerns re children notified to Social Care |  |
| Young person / Adults out of work / On benefits / NEET |  |
| Families affected by domestic violence or abuse |  |
| Parents and children with health problems |  |

|  |
| --- |
| **Are there any risks to Professionals when visiting the family?** (Please explain any specific risks involved in supporting the family) |
|  |

**Section E and F: OUTCOMES AND PROVISION**

**Educational Outcomes and Provision to meet identified needs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Need  (From Section B, e.g. X needs to develop…) | Outcomes Sought  ( e.g. X will be able to | Educational Provision to be made  (e.g. type/frequency/time, level of expertise) | Total / week  (minutes) | Cost |
|  |  |  |  |  |
|  |  |  |  |  |
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\* Please attach ‘Individual SEN Support Offer’ grid and ‘EY / School Age Progress’ grid to evidence the above.

**Section G: My Support Plan Resource Request**

|  |  |
| --- | --- |
| **Type and Source of Funding** | **Value (£)** |
| Delegated Funding to support special educational needs (Elements 1 & 2) |  |
| Additional MSP funding requested  (Element 3 - max £3000) |  |

**Next Steps**

Please return this form and any attachments to:

SEN Assessment Team

Floor 5

Margaret McMillan Tower

Bradford

BD1 1NN

Once received, forms will be screened and moderated by a weekly SEN Officer panel (Tuesday pm) and you will be informed of the outcome along with any feedback within two weeks.

For any clarification or further information please contact the SEN Assessment Team

Tel: 01274 435750

Email: sen@bradford.gov.uk

**Appendix 1: Advice and Information**

The advice and information gathered as part of this request should be set out in appendices. There should be a list of this advice and information.

|  |  |  |  |
| --- | --- | --- | --- |
| Please name everyone who has contributed and written this request for SEN Support | | | |
| Name | Title | Involvement / Role | Report Attached |
|  |  |  |  |
|  |  |  |  |

**Appendix 2: Request Moderation and Agreement**

|  |  |
| --- | --- |
| **Request submitted by:** | **Date** |
| **Received:** | **Date** |
| **Moderation Panel:** | **Date** |
| **MSP Funding agreed:** | **Date** |
| **EHCA agreed Y / N:** | **Date** |
| **Logged and Actioned by:** | **Date** |
| **Comments / Feedback:** | **Date** |