

SEND Assessment & Review Team – Learner of Concern – Notification

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| ***This form should be completed when a school has concerns relating to Learners with an EHCP and wishes to bring this to the attention of the SEND Assessment and Review Team*** |

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| ***Does this contact relate to:*** *(please tick)*   |  |  | | --- | --- | | *Learners Attendance* |  | | Concerns around suitability/securing of EHC Provision |  | | Implications for EHCP due to safeguarding concerns |  | | *Concerns relating to home school relationship* |  | | *Fixed term exclusion or Possible permanent exclusion* |  | |
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| **Date of Contact:** |  | | | | | |
| **Contact Made by:** |  | | | | | |
| **Designated role:** |  | | | | | |
| **Contact Details**  **Phone:** |  | | | | | |
| **Availability for telephone conversation:** |  | | | | | |
| **Email:** |  | | | | | |
| **Learner’s full name:** |  | | **Date of Birth:** | |  | |
| **Learner’s address:** |  | | | | | |
| **Education setting named in EHCP** |  | | | | | |
| **Year Group:** |  | | | | | |
| **Is this a Hull City Educational setting?** | Yes  No | | | | | |
| **If on school roll but accessing Alternative Provision (AP) provide details** |  | | | | | |
| **Are there any Safeguarding concerns?** | **YES** |  | | **NO** | |  |
| **If Yes, are these impacting upon the learner & if so how?** |  | | | | | |
| **The Learners Social Care Status** | Not Applicable  Child in Need (CIN)  Child Looked After (CLA)  Care Leaver | | | | | |
| **Name of the people with Parental Responsibility** | Name | | | Contact Details | | |
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| **Has the parent and/or Learner been made aware of your concerns?** | **Child** | | | **Parent/carer** | | |
| **Yes** | **No** | | **Yes** | | **No** |
| **Summary of current concerns** *(to include both educational setting and parent/young person’s views)*  *Include information as follows: brief history & current concerns/incidents* | | | | | | |
| **Educational Setting’s Views** | | | | | | |
| **Parent’s Views** | | | | | | |
| **Learner’s Views** | | | | | | |

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| **What current level of SEN support is in place and what is the current EHC Plan banding level *(please include timeframes)*** |
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| **If contact has been made with support services, what support and interventions have been offered/provided in an attempt to *support the learner? (please summarise)*** |
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| **What plans been made/steps taken to address the concerns which have been expressed? Are there barriers to these steps being taken?** | | | |
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| **ACTION** | | | |
| **Is an *additional EHC Review* planned** | | **YES** | **NO** |
| **If yes to the above - Date and Time** |  | | |

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| **List of who has been invited to the EHC Review *(if organised)*** | |
| **Name** | **Contact** |
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Please email this completed form to the relevant SEND Assessment & Review Team locality box and copy to:

SEND [SEND@hullcc.gov.uk](mailto:SEND@hullcc.gov.uk)

North Locality - [SENDNorth@hullcc.gov.uk](mailto:SENDNorth@hullcc.gov.uk)

East Locality – [SENDEast@hullcc.gov.uk](mailto:SENDEast@hullcc.gov.uk)

West Locality - [SENDWest@hullcc.gov.uk](mailto:SENDWest@hullcc.gov.uk)

Post 16 - [SENDP16@hullcc.gov.uk](mailto:SENDP16@hullcc.gov.uk)

To report the possibility of permanent exclusion please email to the relevant locality email and copy to SEND Management [SEND.Management@hullcc.gov.uk](mailto:SEND.Management@hullcc.gov.uk)

Please title the email as **ACTION required** - Request **for Educational Placement Support Discussion**

Please ensure the email is sent encrypted or password protected to ensure compliance with GDPR.

**THANKYOU for taking the time to complete this form. This information will enable the SEND Assessment & Review Team to consider the appropriate next steps to be taken**

***OFFICE USE ONLY***

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| **SEND Officer/**  **Case worker** |  | **Date:** |  |
| Comments/Additional Information: | | | |
| **SEND Team Manager:** |  | **Date:** |  |
| Comments: | | | |