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| **Education Professionals’ Advice to Inform EHC Needs Assessment** | | |
| **Learner’s Name** | **Date of Birth** | **UPN** |
|  |  |  |
| **Name of professional providing advice** | **Designation** | **Date** |
|  |  |  |
| **Email** | **Telephone Number** | **Address** |
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| **SECTION B: IDENTIFIED SPECIAL EDUCATIONAL NEEDS** |
| **Strengths and Achievements** |
|  |
| **Barriers to Learning** |
| **Communication and interaction** |
|  |
| **Cognition and learning** |
|  |
| **Social emotional and mental health** |
|  |
| **Sensory and/or physical** |
|  |
| **Developing independence; preparing for adulthood** |
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| **Summary of Involvement** | | | | |
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| **SECTION E: OUTCOMES SOUGHT FOR THE LEARNER** | | | | |
| **In considering what is important for the learner, please specify outcomes sought for the child/young person. Outcomes should be SMART and linked to the learner’s aspirations.**  (E.g. By the end of this key stage, Ralph will initiate a conversation with a peer at least once per week during mainstream lesson without any adult prompts.) | | | | |
| **Longer term outcomes:** | | | | |
| **1.** | The learner will be able to… |  | **By when:** |  |
| **2.** | The learner will be able to… |  | **By when:** |  |
| **3.** | The learner will be able to… |  | **By when:** |  |

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| **SECTION F: EDUCATIONAL PROVISION** | | |
| **Quality First/Universal Support and Provision** | | |
|  | | |
| **Type of support/provision.**  **What is the educational provision required?**  *Please detail provision above and beyond Quality First Teaching and universal provision* | **Timescales/**  **frequency**  *How often will this happen and for how long?* | **Who will provide this support?** |
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Please return to the Local Authority, as a **Word** file.

**By post:** SEND Assessment & Review Team, Hull City Council, 79 Lowgate, Hull, HU1 1HP

**By the EDT**

**By SFX secure e-mail:** [SEND@hullcc.gov.uk](mailto:SEND@hullcc.gov.uk)