**Hull Clinical Commissioning Group** [](https://pbs.twimg.com/profile_images/827171968759824385/9D2gcB7H_400x400.jpg)

**Learner Name**

**Education, Health and Care Needs Assessment Request (EHCNAR)**



|  |  |
| --- | --- |
| Date of Person Centred Planning Meeting to complete this request for assessment |  |
| Date of Submission to Local Authority |  |
| Name of Person Completing this Request |  |
| Role |  |
| Contact Details |  |
| Are there exceptional circumstances surrounding this request for assessment? | No  Yes  If Yes please provide details in section 12 |

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| 1. **Learner Views** | |
| Please detail how these views have been obtained | |
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| What do I like about school? What am I good at? | |
| Learner view |  |
| What others say about me |  |
| What do I not like about school? What do I find difficult? | |
| Learner view |  |
| What others say about me |  |
| What can others do to help me learn? | |
| Learner view |  |
| What others say about me |  |

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| 1. **2. Personal Details** | | | | | | | |
| Full name: |  | | | | | | |
| I like to be known as: |  | | | | | | |
| Date of birth: |  | Gender: | | | | |  |
| Ethnicity: |  | Religion: | | | | |  |
| Home address: |  | | | | | | |
| Telephone number: |  | Social care status? | | | | | Not Applicable  Child In Need (CIN)  Child Looked After (CLA)  Care Leaver |
| UPN: |  | NHS No: | | |  | | |
| **3. Parent/Carer Details** | | | | | | | |
| Relationship to learner: |  | | | Title: | |  | |
| First name: |  | | | Surname: | |  | |
| Home address: |  | | | | | | |
| Telephone: |  | | | E-mail: | |  | |
| Does this person have Parental Responsibility? | | | Yes  No | | | | |
| Preferred method of communication? | | | Letter  Email  Telephone | | | | |
| First Language |  | | | | | | |
| Any support needs? |  | | | | | | |
|  | | | | | | | |
| Relationship to learner: |  | | | Title: | |  | |
| First name: |  | | | Surname: | |  | |
| Home address: |  | | | | | | |
| Telephone: |  | | | E-mail: | |  | |
| Does this person have Parental Responsibility? | | | Yes  No | | | | |
| Preferred method of communication? | | | Letter  Email  Telephone | | | | |
| First Language |  | | | | | | |
| Any support needs? |  | | | | | | |

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| **4. Social Worker Details** | |
| Social Worker Name |  |
| Social Worker Contact Number |  |
| Social Worker Address |  |
| Local Authority & Team |  |
| Who has parental responsibility? |  |

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| **5. Learner’s GP Details** | |
| GP Name |  |
| GP/Surgery Address |  |

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| 1. **Details of current educational setting** | | | | | | |
| Name and address of school/setting: | | |  | | | |
| Date of entry: |  | | Year Group: | | |  |
| **Attendance** | | | | | | |
| Academic Year | | | | Attendance % | | |
|  | | | |  | | |
|  | | | |  | | |
| Have there been significant periods or patterns of absence? | | | | Yes  No  If yes please explain: | | |
| **Exclusion** | | | | | | |
| Type of exclusion | | Date of exclusion | | | Duration (if fixed term) | |
|  | |  | | |  | |
| Have there been any significant patterns of exclusion? | | | | Yes  No  If yes please explain: | | |
| **Educational Offer** | | | | | | |
| Does the learner have a full-time offer of education? | | | | Yes  No | | |
| If no, please describe what the offer of educational provision is and explain the reasoning for this, including planned steps back to full entitlement | | | |  | | |

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| 1. **Parent/carer views** | |
| What do you hope will be achieved as a result of this request for Education Health and Care Assessment? | *Why is a request for assessment being submitted now?*  *What do you hope this process will provide for your child?*  *What difference would an EHC Assessment make?* |
| If an assessment is agreed I/we would like further or more up to date information to be requested from the following practitioners | *Are there practitioners who you would like up to date information or advice from if an Education, Health and Care Assessment is agreed?*  *This is an opportunity to identify those who know your child well and who are able to provide details on their strengths, difficulties and support which is in place or required.*  *This may include people such as health or medical practitioners, family support or social workers, voluntary support agencies, youth group or after school club leaders etc.* |
| Is there any information you would like to share relating to your child’s Special Educational Needs to support a request for an Education Health and Care Assessment? | *This is an opportunity for parents/carers to provide additional information at this early stage if they wish. There is no requirement for this box to be completed.* |

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| 1. **Identified Special Educational Needs** | |
| **Strengths and Achievements** | |
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| **Barriers to Learning** | |
| When was the learner first identified as SEN at school/setting support? |  |
| What primary category of need is identified for the purpose of the school census? |  |
| Are other categories of need identified for the purpose of the school census? |  |
| **Communication and interaction** | |
|  | |
| **Cognition and learning** | |
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| **Social emotional and mental health** | |
|  | |
| **Sensory and/or physical** | |
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| **Developing independence; preparing for adulthood** | |
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| 1. **Description of Any Health needs related to the learners Special Educational Needs** | |
| Notes: Can include medical notes as appendix | |
| Does the learner have an Individual Health Care Plan? | Yes  No  If yes please enclose a copy as an appendix |

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| 1. **Description of Any Social Care needs related to the learners Special Educational Needs.** |
| *Guidance could include requests to include any involvement from social care services or current support plans in place.* |

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| 1. **External Agency/Professionals Involvement** | | | | | | |
| Name: | Job title: | Organisation: | Contact details: | Involvement Date | | Report Included? |
| From | To |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
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|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |

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| 1. **The Graduated Approach** | |
| Educational journey to date | Guidance: Settings attended, dates on/off SEN Register – brief summary |
| Current educational attainment/ developmental milestones | *Please add in details of attainment, progress made and rate of progress. Please be clear if you are using EYFS / P Scales / NC / GCSE unsupported levels and indicating end of KS/teacher assessment. Please provide age equivalent, standardised scores or teacher assessment if you**prefer. Evidence should include comparative data to enable understanding of the attainment levels, e.g. tell us how the CYP compares, in performance terms, in relation to their peers.* |
| Previous educational attainment/ developmental milestones(summary at end of each key stage so far) |  |
| Summary of Graduated Approach | *Schools must include a minimum of 2 cycles of assess plan do review. Records of review discussions should be included as an appendix. Include details of interventions implemented and their impact.*  *Notes: Clarify length of cycles – 1 cycle minimum of 6 weeks. Details of strategies*  *Ask for Summary of QFT Teaching strategies, Reasonable adjustments* |
| Exceptional Circumstances | *Please detail below reasons why 2 cycles of APDR are not available* |

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| 1. **Educational provision**   (Please submit relevant summaries, e.g. timetable, IEPS, Intervention Records, Impact Reviews)  *The Provision detailed here should not include teaching and learning strategies or other provision that should be readily provided in schools or early years settings.  It should not include things that might be considered to be Quality First Teaching or anything that would usually be provided for learners within Element One funding.* | | | |
| Type of support/provision. What is the educational provision in place? *interventions; programmes, facilities and resources* | Recommended by | Timescales/  frequency  *How often will this happen and for how long? Be as specific as possible* | Impact to date |
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| 1. **Why is an EHC Assessment being requested now?** |
| *Guidance: What will an EHCP bring? What difference will it make?* |

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| 1. **Evidence Informing this EHCNAR** | | | | |
|  | Author | Detail (e.g. One page Profile, Cognitive Assessment Report, IEP, medical letter, ASD Diagnosis) | date | submitted |
| **1** |  |  | ../../.. | Yes  No |
| **2** |  |  | ../../.. | Yes  No |
| **3** |  |  | ../../.. | Yes  No |
| **4** |  |  | ../../.. | Yes  No |
| **5** |  |  | ../../.. | Yes  No |
| **6** |  |  | ../../.. | Yes  No |

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| 1. **EHCNAR Submission Summary** | |
| Is this a first submission? | Yes  No |
| If a resubmission, please provide date(s) of previous submission(s) |  |
| If a resubmission, please outline major changes/evidence additions within this EHCNAR |  |
| All EHCNAR sections completed? | Yes  No |
| Learner voice? | Yes  No |
| Parent or carer voice? | Yes  No |
| Signed parent/carer consent? | Yes  No |
| Please return to the Local Authority, as a **Word** file.Email to[**send@Hullcc.gov.uk**](mailto:send@Hullcc.gov.uk)(or via EDT)  or post to SEND Assessment & Review Team, Hull City Council, 79 Lowgate, Hull, HU1 1HP | |

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| **Consent for sharing information**  *(to be signed by parents/carers, or young person* |

I agree to this request to Hull City Council (HCC) to assess the education, health and care needs of my child.

I understand that information (for example reports) about my child will be shared with other professionals who are already involved with my child and with those I have asked to become involved with my child and any that the Local Authority consider is necessary to enable a satisfactory assessment of my child’s education, health and care (EHC) needs to take place in accordance with the Children and Families Act and SEND Code of Practice 2015.

I understand that both paper and electronic records may be kept by Hull City Council as a result of their involvement and that these records will be kept securely by Hull City Council and destroyed safely, according to the Council's Document Retention and Deletion Schedule.

I agree that information about my child and our family can be accessed on a ‘needs to know’ basis by education, health and social care as appropriate and can be shared with future providers to help them plan provision and appropriate support. I also agree that you can seek information and advice from other services as appropriate.

**Parents/Carers**

You should know that by signing this form you are agreeing to the gathering and sharing of information as detailed above.

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| Name of Parent/Carer |  |
| Date |  |
| Signature |  |

**If the young person is aged 16 or over**

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| Name of Young Person |  |
| Date |  |
| Signature |  |