

# **Request for an Education, Health and Care Needs Assessment**

## **K3 - Educational Evidence**

**Directorate for Children's Services,  
Schools & Learning Division**

**SEN Assessment & Review Team**

September 2014

***When completing this form please:***

- ***use a word processor***
- ***ensure you are using the latest version of the form***
- ***return completed form electronically.***

## **Introduction**

The purpose of an Education, Health and Care (EHC) assessment under the Children and Families Act 2014 is to gain a clear picture of the child/young person as a whole person in terms of educational and social strengths as well as educational, health and care.

In completing this request for an assessment it is important that the **evidence** you provide is balanced and represents a fair and accurate picture of the child's/young person's profile of functioning over time and not a worst-case scenario. Because this form is intended to be used both for children in early years settings and children and young people of statutory school age and young people up to the age of 25, some sections ask for information that is not relevant nor readily available for all. If you are uncertain about completing any aspect of this form, please discuss this with, for example, an Special Educational Needs Casework Officer, or SEN Post 16 Officer or a member of the Early Years SEN Team.

Before you complete this form it is important that you think carefully about why this request is being made and be clear that you can demonstrate that the child/young person's needs are over and above those that can and should normally be provided from within school's own resources.

It is **essential** that you can demonstrate, and be able to provide **evidence** of the following:

- Interventions and strategies based on an analysis of individual needs.
- Progress data showing impact of interventions over time.
- Personalised planning which shows a clear focus on outcomes.
- Intervention planning with external agencies (e.g. Educational Psychologist).

**If an EHC plan was issued, what difference would it make for this child/ young person?**



## Section 1

Child's/Young person's surname:				M / F
Child's/Young person's first names:				
Also known as:				
Date of birth:		NC Year group:		
Home language:				
Names of parents/carers with day-to-day responsibility for the child/young person:				
Telephone numbers:	Home:		Work:	
	Mobile:			
Email:				
Names of other adults with responsibility for the child/young person:				
Status:				
Address:				
Telephone numbers:	Home:		Work:	
	Mobile:			
Email:				
Name and address of current setting/school:				
Setting manager/headteacher:				
SENCO:				
Telephone number:				
Email address:				
Date admitted:				
Additional information:				

## Section 2 - External agencies

Requesting an EHC assessment should be a shared decision between you, the child's parents/carers, anyone else working with the child, and in some cases, the young person. This section invites you to consider whether you have involved the appropriate people over time. Please tick where there has been recent engagement with supporting agencies and dates of the involvement over time.

**You must include with your submission evidence of the advice/input provided by those supporting agencies including evidence of the implementation and review of this advice as well as the outcomes for the child/young person (see section 8).**

Evidence of educational psychology involvement may include evidence of discussions that have taken place over time (this may include telephone contact, SENCO consultation, and behaviour consultations), what strategies were agreed and the outcome of implementing those strategies.

External agency	Dates of involvement	✓ box
<b>Educational Psychology</b>		
Name: Tel no/Email: Address:		
<b>Advisory Teacher (SpLD/Hi/VI)</b>		
Name: Tel no/Email: Address:		
<b>Early Years SEN</b>		
Name: Tel no/Email: Address:		
<b>Social Worker</b>		
Name: Tel no/Email: Address:		
<b>Education Welfare</b>		
Name: Tel no/Email: Address:		
<b>Designated Medical Officer (DMO)</b>		
Name: Tel no/Email: Address:		

External agency	Dates of involvement	✓ box
<b>Child &amp; Adolescent Mental Health Service (CAMHS)</b> Name: Tel no/Email: Address:		
<b>Paediatrician</b> Name: Tel no/Email: Address:		
<b>Speech and Language Therapist</b> Name: Tel no/Email: Address:		
<b>Physiotherapist</b> Name: Tel no/Email: Address:		
<b>Occupational Therapist</b> Name: Tel no/Email: Address:		
<b>Other (please specify)</b> Name: Tel no/Email: Address:		
<b>Other (please specify)</b> Name: Tel no/Email: Address:		

## **Section 3 - Description of child/young person**

### **3.1 Early education history**

*If the child is currently attending an early years setting, please state the number of hours the child attends and the period of time over which they have been attending. Please also include details of any other groups/settings attended previous to your setting. If the child/young person is now at school, please provide details of the child's/young person's experience of early years' education.*

### **3.2 Relevant home factors**

*Please complete this in conjunction with parents or carers and provide only details related to the child's/young person's special educational needs*

- *Family information* - *siblings may have disability/learning difficulties*
  - *siblings - ages - grandparent carer*
  - *foster family - adoptive family*
- *Medical information - involvement with paediatrician - diagnosis, if one*
- *Child's involvement in clubs/outside activities - eg tumble tots, swimming groups.*

**3.3 Attendance record over past year (three terms)**

Term dates	Attendance	% of authorised absence	% of unauthorised absence

**If there are particular concerns about attendance, what factors should be taken into account?**

**3.4 Has a CAF/Early Help assessment been carried out?**

Yes  No

If yes, date completed: \_\_\_\_\_

## Section 4 - relevant early education setting/school factors

### 4.1 Early education

For a child in an early years setting, please attach details of the **Record of Development Summary (RDS)** or equivalent. For children in KS1 and above leave this section blank.

Where data from the **Early Years Foundation Stage (EYFS) profile** is available, please complete the table below.

Prime area of learning	Date	Age/stage band currently working within	ELG judgement if end of Reception year
CL - Listening and attention (ELG 1)			
CL - Understanding (ELG 2)			
CL - Speaking (ELG 3)			
PD - Moving and handling (ELG 4)			
PD - Health and self-care (ELG 5)			
PSED - Self-confidence and self-awareness (ELG 6)			
PSED - Managing feelings and behaviour (ELG 7)			
PSED - Making relationships (ELG 8)			

Please note any of the specific areas of learning that shows significant cause for concern.

Specific area of learning	Date	Age/stage band currently working within	ELG judgement if end of Reception year
L - Reading (ELG 9)			
L - Writing (ELG 10)			
M - Numbers (ELG 11)			
M - Shape, space and measures (ELG 12)			
UW - People and communities (ELG 13)			
UW - The world (ELG 14)			
UW - Technology (ELG 15)			
EAD - Exploring and using media and materials (ELG 16)			
EAD - Being imaginative (ELG 17)			

**Key:**

CLL	Communication and language
PD	Physical development
PSED	Personal, social and emotional development
L	Literacy
M	Mathematics
UW	Understanding the world
EAD	Expressive arts and design

## 4.2 School age

Please use this progression chart to log the child's/young person's recent progress using P-levels and NC levels.

	End of Year ...	End of Year...	End of Year...	Currently working at
<b>NC English</b>				
<b>NC Maths</b>				
<b>Other (eg P-Levels)</b>				

Please use this progression chart to log the child's/young person's progress **over the last year**

		Date	CA <sup>#</sup>	Date	CA
<b>Spelling*</b> <i>[specify test]</i>	Spelling age score:				
	Standard score:				
<b>Reading*</b> <i>[specify test]</i>	Reading age score:				
	Standard score:				
<b>Numeracy</b> <i>[specify test]</i>	Age equivalent score:				
	Standard score:				
<b>Communication and language, if appropriate</b> <i>[specify test]</i>	Age equivalent score:				
	Standard score:				
<b>Other</b>	Age equivalent score:				
	Standard score:				

Please add further rows/columns as necessary.

# Chronological age at time of test

\*Here, and with other tests, please ensure that the age of the child/young person falls within the age norms of the test and that the same test or parallel versions of it are used to measure progress over time. Check the recommended re-test period for tests. If in doubt, please contact the Educational Psychology Service.

## **Section 5 - Child's/Young person's current main areas of strength**

*Description of the child's/young person's current main areas of strength. Please include a consideration of the child's/young person's skills and attainments, including progress under the following:*

- 5.1 Physical development - general health, fine and gross motor skills, vision, hearing.**
  
- 5.2 Language and communication skills - willingness to communicate, receptive, expressive language skills.**
  
- 5.3 Social skills and interaction, including confidence in relationships, self-help, independence - early education setting/school, home and elsewhere (state whether observed or reported).**
  
- 5.4 Approaches and attitudes to learning - self-image, confidence and independence, motivational factors, attention and concentration, child's/young person's own view of progress.**
  
- 5.5 Cognitive development including reasoning, organisational and problem solving skills.**
  
- 5.6 Extra-curricular strengths or interests - sport, drama, hobbies (for a child in an early education setting, particular activities that they enjoy).**
  
- 5.7 Social, emotional and mental health.**



## **Section 7 - The child's/young person's social, emotional and mental health (only complete if relevant)**

*Description of the typical patterns of behaviour - in the classroom, in the playground, etc. Please include **summary** details of what actually happens, contributing factors, the child's/young person's views and any positive influences. Please note the following section (section 8) requests details of interventions and their outcomes.*

**Please provide records of behaviour in summary form.** Records of behaviour should show a clear analysis of data collected over time and your understanding of the underlying need the behaviour is reflecting.

*Descriptive behaviour logs or recent examples **must** be accompanied by a summary and analysis, with reference to the multi-element model. Descriptive behaviour logs will only be used to understand your analysis of the child/young person's behaviour and **will not** be included as part of the EHC plan, if one is issued.*

## Section 8 - Interventions undertaken and information from review and evaluation

Please provide information about specific interventions undertaken to meet the child's/young person's needs as described in section 6 and 7 and the outcome evidence available from reviews and evaluation. Where a special educational need has been described in section 6 and 7 the details of what is 'additional to' or 'different from' the provision in place for other children/young people of the same age **must** be recorded for each need identified.

For a child/young person of school age, you should refer to the information on criteria for SEN Support to ensure that programmes, adaptations and approaches, recommended at this level have been implemented and reviewed.

In both the following tables, please add further rows as necessary.

### 8.1 Interventions within the setting/school

A separate table **should** be included for each special educational need described in section 6 and 7.

<b>Interventions to address:</b>	
<b>Interventions undertaken:</b>	
<b>Materials/equipment/ adaptations:</b>	
<b>Who delivered the intervention?</b>	
<b>How much, how often, over what time period?</b>	
<b>How has the intervention been reviewed/evaluated?<sup>1</sup></b>	
<b>Outcomes for the child/young person<sup>2</sup></b>	

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<b>Interventions undertaken:</b>	
<b>Materials/equipment/adaptations:</b>	
<b>Who delivered the intervention?</b>	
<b>How much, how often, over what time period?</b>	
<b>How has the intervention been reviewed/evaluated?<sup>1</sup></b>	
<b>Outcomes for the child/young person<sup>2</sup></b>	

<sup>1</sup>Refer to what you have done, which might take the form of personal plans that have been regularly reviewed and updated, new information from staff being cascaded to other staff in the setting at weekly meetings and so on. Please also note any tests that have been used to collect pre-and post-intervention data. If SEMH is the main need, please ensure that you refer to section 7.

<sup>2</sup>Include here any data from testing or any other records of progress over time and as appropriate, cross refer to personal plans or any other programme and plan review documents.

## 8.2 Details of external specialists involvement/liaison/provision

Please add additional tables as required to record all external agency involvement.

<b>Who (name and designation):</b>	
<b>What have they done or are they doing?</b>	
<b>Time scale?</b>	
<b>Outcomes?</b>	

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<b>What have they done or are they doing?</b>	
<b>Time scale?</b>	
<b>Outcomes?</b>	

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<b>What have they done or are they doing?</b>	
<b>Time scale?</b>	
<b>Outcomes?</b>	

**8.3 What supports the child's/young person's progress?**

**8.4 What hinders the child's/young person's progress?**

**8.5 What do you consider to be the main objectives in the coming year for the child/young person in the areas of need you have identified in section 6?  
Please specify, eg 'to be able to...'**

## Section 9 - Parents'/Carers' involvement

*(This section is to ensure that you agree with this process.) If an EHC assessment is agreed you will be asked for your views at various stages of the process including the completion of 'Our Story'.*

**9.1 Have you been involved in discussions with the setting, school or college about your child's/young person's needs over time, e.g. personalised plan?**

Yes  No

**9.2 Have you seen the information the early education setting, school or college is sending to the Local Authority?**

Yes  No

**9.3 Do you agree with the request for an EHC assessment?**

Yes  No

**Parents'/carers' signature(s)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parents'/carers' signature(s)** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Section 10 - Child's/Young person's views / My Story**

You **must** provide the child or young person's views.

**Please note**, there are various forms you may use or you may choose to use a format which you have developed with the child/young person. Please select the one most appropriate to the age and understanding of the child/young person.

## **Section 11 - Educational Psychologist's comments**

*This must be completed by an Educational Psychologist*

### **11.1 Has there been educational psychology involvement over time?**

**Educational Psychologist's name:** \_\_\_\_\_

**Educational Psychologist's signature:** \_\_\_\_\_

**HCPC Registration:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Section 12 – Specialist Teacher Adviser's comments**

*To be completed by the Specialist Teacher Adviser (where appropriate)*

### **12.1 Why should an EHC assessment be undertaken for this child/young person?**

**Specialist Teacher Adviser's name:** \_\_\_\_\_

**Specialist Teacher Adviser's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Section 13 - Important notes and signatures

The early education setting/school/college and parents/carers will be notified in writing of the LA's decision on whether or not it proposes to carry out an EHC assessment.

**PLEASE ALERT the SEN Assessment & Review Team to any potential difficulties regarding communications with parents or any family arrangements to which the SEN Team needs to be sensitive**

**The key indicative question the LA will ask is whether the early education setting/school/college can provide convincing evidence that, despite relevant and purposeful interventions and the support of external specialists, the child's/young person's learning difficulties are such that a multi-disciplinary assessment is both necessary and appropriate**

If the Local Authority proceeds with an EHC assessment, this evidence will be circulated to all those invited to contribute. It will be used as the Appendix K3 (educational advice) and in the event of an appeal will be made available to the First-Tier Tribunal (SEN and Disability). Please note that any supporting evidence provided will **not** be included in any subsequent EHC Plan. The Appendix K3 **must**, therefore, include a summary of this information.

### Early education setting supervisor/headteacher/principal's signature

**Signed:** \_\_\_\_\_

**Please print name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

For office use only	
<b>Date of receipt:</b>	
<b>Decision:</b>	
<b>Caseworker:</b>	
<b>Signed:</b>	
<b>Date:</b>	

## Section 14 - Checklist of supporting evidence requirements

**Please ensure that all the relevant documents are attached to Appendix K3**

Please **do not** include information that is more than 12 months old unless you can provide a clear reason to do so.

- |   | ✓ box                    |
|---|--------------------------|
| 1. Copies of the three latest consecutive personal plans/ and any reviews used to support Early Years/School Action Plus.   | <input type="checkbox"/> |
| 2. For early education settings, an Early Years SEN summary report and/or record of involvement and /or report from Outreach provider.  | <input type="checkbox"/> |
| 3. Evidence of school based interventions and strategies used.  | <input type="checkbox"/> |
| 4. Copies of the child or young person's views.   | <input type="checkbox"/> |
| 5. Copies of reports and advice from the educational psychologist.  | <input type="checkbox"/> |
| 6. Copies of reports and advice from the advisory teacher.  | <input type="checkbox"/> |
| 7. Copies of reports from health services giving health/medical advice.   | <input type="checkbox"/> |
| 8. Copies of reports from social care/locality team and/or education welfare.   | <input type="checkbox"/> |
| 9. Reports/evidence from any early education setting/school the child/young person has attended within the previous 12 months, including the record of development summary (RDS) (or equivalent). | <input type="checkbox"/> |
| 10. Copies of CAF or Early Help assessment or meeting minutes.  | <input type="checkbox"/> |
| 11. Where a child's/young person's needs are related to social, emotional and mental health, please attach relevant evidence:   | <input type="checkbox"/> |
| – Completed behaviour checklists/tally charts with the analysis.  | <input type="checkbox"/> |
| – Examples of ABCC charts with the analysis.  | <input type="checkbox"/> |
| – Analysis of the behaviour over time with reference to the multi-element model to show attempts to understand the behaviour and to put in place proactive and responsive strategies.             | <input type="checkbox"/> |
| 12. Please note any other documents submitted in addition to any listed above:  | <input type="checkbox"/> |
| <b>I confirm that the information included is no more than 12 months old.</b>   | <input type="checkbox"/> |

If not, please state reason: