**REQUEST / CONTRIBUTION FROM EDUCATIONAL SETTING FOR THE LOCAL AUTHORITY (LA) TO CONSIDER STATUTORY ASSESSMENT UNDER THE CHILDREN AND FAMILIES ACT 2014**

“High quality teaching, differentiated for individual pupils, is the first step in responding to pupils who have or may have SEN. Additional intervention and support cannot compensate for a lack of good quality teaching. Schools should regularly and carefully review the quality of teaching for all pupils, including those at risk of underachievement. This includes reviewing and, where necessary, improving, teachers’ understanding of strategies to identify and support vulnerable pupils and their knowledge of the SEN most frequently encountered.”

“In considering whether an EHC needs assessment is necessary, the local authority should consider whether there is evidence that despite the early years provider, school or post-16 institution having taken relevant and purposeful action to identify, assess and meet the special educational needs of the child or young person, the child or young person has not made expected progress…”

[SEND code of practice 2015, Sections 6.37 & 9.14]

**After you have completed this form, collected and attached copies of all relevant evidence you wish to include in your request, and have also attached a copy both the Appendix A (Parent / Carers Advice) and Appendix F (child / young person’s views), you can submit it to the Local Authority in any of the following ways:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **By Email:**  **(Preferred)** | | [ehcp@torbay.gov.uk](mailto:ehcp@torbay.gov.uk)  (please send scanned copies to include your signature) | | |
| **By Post:** | SEND Team  2nd Floor (Room SF 332)  Electric House, Torbay Council  c/o Torquay Town Hall  Caste Circus, Torquay,  TQ1 3DR | | **In Person:** | Taking it into the  Children’s Services Office  in Castle Circus Torquay |

**This advice is given as both the request for assessment and part of the assessment of Special Educational Needs in accordance with the Children and Families Act 2014 and associated regulations. Copies will be sent to parents and all who have contributed to the assessment. It will not, otherwise, be communicated to third parties except for reasons listed in the Regulations.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Child/Young Person:** | **Surname:** | | |
| **First Names:** | | |
| **Name known as:**  (if different to legal name) |  | | |
| **Date of Birth:** |  | **Year group:** |  |
| **Gender at birth:**  (male/female) |  | **Gender identity if different to birth:** |  |
| **School Attended:** |  | | |
| **Child’s UPN Number** |  | | |
| **Child’s/Young Person’s Home Address:** |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name(s) of parent / guardian with whom the child lives |  | | | |
| Their Relationship to the child | | | Do they have Parental Responsibility for this child | √ / X |
|  | | |
| Telephone number(s) | Home |  | | |
| Mobile |  | | |
| Other |  | | |
| Email |  | | | |

**Please list those persons with Parental Responsibility for the Child other than above:**

Do not include foster parents unless they have obtained a ‘residence order’

|  |  |  |
| --- | --- | --- |
| Name | Relationship to child | Address and contact number |
|  |  |  |
|  |  |  |

**If they are the parents/have parental responsibility, are they an HM Forces family? YES/NO**

# **IF THE CHILD IS A ‘CHILD LOOKED AFTER’** Please complete the following details if appropriate:

What is the Care Status of this Child? (Place a ✓ as appropriate)

|  |  |  |
| --- | --- | --- |
| Section 20  (Voluntarily Accommodated) | Interim Care Order | Full Care Order |
|  |  |  |
| Name of Designated Social Worker: | | |

**ETHNICITY (optional)** – please indicate the child’s ethnic origins:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Indian |  | Caribbean |  | White British |  |
| Pakistani |  | White and Black Caribbean |  | White Irish |  |
| Bangladeshi |  | African |  | Any other White background |  |
| White and Asian background |  | White and Black African |  | Any other ethnic group |  |
| Chinese |  | Any other Black background |  | Any other mixed background |  |
| Any other Asian Background |  |  |  |  |  |

1. **Background information, including home and social factors:-**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of School | Attendance Dates | |
|  | From | To |
| Present School\* |  |  |  |
| Previous Schools\* |  |  |  |
|  |  |  |
|  |  |  |

\*Including Support Centre, PRU

|  |
| --- |
| **Current Attendance Record:** |
| **Details of Exclusions (if any):** |
|  |
|  |

|  |
| --- |
| **CHILD’S FAMILY AND HOME** |
|  |
| **SEND OVERVIEW** |
| Describe the leading area of need for this pupil (Please refer to the Guidance Criteria which can be found at [www.torbay.gov.uk/schools-and-learning/send/statutory-assessments/](http://www.torbay.gov.uk/schools-and-learning/send/statutory-assessments/)) |

**B. Learning and Development:-**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Independent working curriculum and/or other relevant measures of**  **ATTAINMENT LEVELS** | | | | | |
|  | **Previous Year group** | | | **Current Year group** | | |
|  | **Autumn** | **Spring** | **Summer** | **Autumn** | **Spring** | **Summer** |
| **English** |  |  |  |  |  |  |
| **Maths** |  |  |  |  |  |  |
| **Science** |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **CHRONOLOGY OF ACTIONS TAKEN:**  *Please ensure you include* *exact dates of any referrals made, notification that a referral has been accepted and a child is on a waiting list, and any social care status or health diagnosis received. Also ensure this includes any Outreach dates and recommendations. (all relevant letters forms and reports should be added as attached documents)* | |
| **Date** | **Action** |
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(Please add extra rows if required)

1. **Additional evidence:**

Has there been involvement from:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education** | **InvolvedYes/No** | **Report attached**  **Yes/No** | **Name** | **Contact Number** |
| Educational Psychology Service |  |  |  |  |
| Early Years Inclusion Advisory Teachers |  |  |  |  |
| Hearing Impaired / Visual Impaired Service |  |  |  |  |
| Outreach Services |  |  |  |  |
| Attendance Officer |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Social Care** | **InvolvedYes/No** | **Report attached**  **Yes/No** | **Name** | **Contact Number** |
| Social Care |  |  |  |  |
| Youth Offending Team |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Health** | **InvolvedYes/No** | **Report attached**  **Yes/No** | **Name** | **Contact Number** |
| Speech and Language Therapy |  |  |  |  |
| Paediatrician |  |  |  |  |
| Occupational Therapy |  |  |  |  |
| Physiotherapy |  |  |  |  |
| Child and Family Guidance / CAMHS |  |  |  |  |

(Please add extra rows if required)

**In order to be able to make an informed decision of whether or not to agree to carry out an EHC needs assessment the following evidence of the action already being taken by the educational setting (school or post-16 institution) to meet the child or young person’s SEN is also required:**

* ***Brief description of in-school/Early Years local offer***
* ***Evidence of relevant and purposeful action taken to identify, assess and support: from the child’s educational setting (pre-school, school, college or alternative provision).***
* ***Clear evidence that schools/Early Years settings have consulted with an Educational Psychologist/Early Years Inclusion Advisory Teacher and have acted upon given advice, for at least 2 terms:***
* ***The child’s SEND support process, including pastoral planning, is shown to have been reviewed and progress recorded over a period of time, minimum two terms:***

**Please be clear to include evidence that where progress has been made, it has only been as the result of much additional intervention and support over and above that which is usually provided.**

**Please list all additional relevant evidence or advice enclosed with /attached to this request:** *e.g. School’s evidence of action taken within the graduated response (reviewed individual support plans, provision map, pupil passport etc.), medical reports, multi-agency meeting minutes, letters evidencing involvement of specific outside agencies etc.*

|  |  |
| --- | --- |
| **Reports enclosed/attached** | |
| **Type of report** | **Details of report writer and relevance of report** |
| Parental Report  (Appendix A) | Parent’s contribution |
| One Page Profile  (Appendix F) | Pupil’s contribution |
| Personalised provision map and/or timetable | Additional evidence of current provision in place |
|  |  |
|  |  |
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(Please add extra rows if required)

**Please tick the situation that applies below**

|  |  |
| --- | --- |
| **This is a school request** |  |
| **This is the school contribution to a parental request** |  |

| **COGNITION AND LEARNING** | | | | |
| --- | --- | --- | --- | --- |
| **Strengths:**  The childs attributes and What the child can do at the moment |  | | | |
| **Area of needs** | **Description of difficulties** | **Long term outcomes** | **Provision currently in place** | **EHCP provision required** |
| Literacy |  |  |  |  |
| Numeracy |  |  |  |  |
| Engagement in Learning |  |  |  |  |
| Attention and Concentration |  |  |  |  |
| Organisational Skills |  |  |  |  |
| Working Independently |  |  |  |  |
| Ability to generalise and apply knowledge |  |  |  |  |
| Attainment |  |  |  |  |
| Play Skills |  |  |  |  |
| Independent Living Skills |  |  |  |  |

(Please add extra rows if required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMMUNICATION & INTERACTION** | | | | |
| **Strengths:**  The childs attributes and What the child can do at the moment |  | | | |
| **Area of needs** | **Description of difficulties** | **Long Term Outcomes** | **Provision currently in place** | **EHCP provision required** |
| Expressive language |  |  |  |  |
| Receptive language |  |  |  |  |
| Social Communication |  |  |  |  |
| Attention and Listening |  |  |  |  |
| Understanding of non-verbal communication |  |  |  |  |

(Please add extra rows if required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SOCIAL, EMOTIONAL AND MENTAL HEALTH** | | | | |
| **Strengths:**  The childs attributes and What the child can do at the moment |  | | | |
| **Area of needs** | **Description of difficulties** | **Long term outcomes** | **Provision currently in place** | **EHCP provision required** |
| Regulation (Behaviour) |  |  |  |  |
| Regulation (Emotional) |  |  |  |  |
| Social Skills |  |  |  |  |
| Confidence and self-esteem |  |  |  |  |
| Attachment |  |  |  |  |
| Behaviour in social environments to include risk-taking behaviour |  |  |  |  |

(Please add extra rows if required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SENSORY AND/OR PHYSICAL NEEDS** | | | | |
| **Strengths:**  The childs attributes and What the child can do at the moment |  | | | |
| **Area of needs** | **Description of difficulties** | **Long term outcomes** | **Provision currently in place** | **EHCP provision required** |
| Hearing |  |  |  |  |
| Vision |  |  |  |  |
| Bladder and/or Bowel |  |  |  |  |
| Mobility |  |  |  |  |
| Sensory sensitivity |  |  |  |  |
| Sleep |  |  |  |  |
| Self-care |  |  |  |  |
|  |  |  |  |  |

(Please add extra rows if required)

***(For Year 9 and above)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Preparing For Adulthood** | | | | |
| **Strengths:**  The childs attributes and What the child can do at the moment |  | | | |
| **Area of needs** | **Description of difficulties** | **Long term outcomes** | **Provision currently in place** | **EHCP provision required** |
| Independent Living |  |  |  |  |
| Community Inclusion |  |  |  |  |
| Health |  |  |  |  |
| Employment |  |  |  |  |

**CHECKLIST OF INFORMATION REQUIRED BY THE AUTHORITY IN ORDER TO CONSIDER A REQUEST FOR STATUTORY ASSESSMENT**

**IT IS ESSENTIAL THAT THE FOLLOWING DETAILED INFORMATION IS PROVIDED**

**FOR ALL PUPILSAS PER SECTION 9.14 OF THE CODE OF PRACTICE**

**NB.** Italic text with bullet points added within table above to give a clearer indication of evidence the LA will need to fulfill each requirement.

|  |  |  |
| --- | --- | --- |
| 1 | **Completed copies of both the:**   * **Appendix A (Parent/Carers Advice), and** * **Appendix F (child / young person’s views)** |  |
|  |
| 2 | Evidence of the child or young person’s academic attainment (or developmental milestones in younger children) and rate of progress.   * *Current and previous 2 terms attainment (inc. P scales where relevant).* |  |
| 3 | Information about the nature, extent and context of the child or young person’s SEN.   * *Summary of the child’s Special Educational Needs and pen portrait.* |  |
| 4 | Evidence of the action already being taken by the early years provider, school or post-16 institution to meet the child or young person’s SEN.   * *Evidence of relevant and purposeful action taken to identify, assess and support: from the child’s educational setting (pre-school, school, college or alternative provision).* * ***Clear evidence*** *that schools/Early Years settings have consulted with an Educational Psychologist/Early Years Inclusion Advisory Teacher and have acted upon given advice, for at least 2 terms:* * *Chronology of actions taken to support the child and other external professionals and agencies involved including inclusive education practices – evidence from Torbay SEND support process:* * *The child’s SEND support process, including pastoral planning, is shown to have been reviewed and progress recorded over a period of time, minimum two terms:* |  |
|  |
|  |
|  |
| 5 | Evidence that where progress has been made, it has only been as the result of much additional intervention and support over and above that which is usually provided.   * *Description of how the family support the child’s education:* * *Brief description of in-school/Early Years local offer:* * *Record of attendance where of statutory school age:* |  |
|  |
|  |
| 6 | Evidence of the child or young person’s physical, emotional and social development and health needs, drawing on relevant evidence from clinicians and other health professionals and what has been done to meet these by other agencies.   * *Copies of letters containing diagnoses and any other recent relevant reports.* |  |
| and | | |
| 7 | Where a young person is aged over 18, the local authority **must** consider whether the young person requires additional time, in comparison to the majority of others of the same age who do not have special educational needs, to complete their education or training. Remaining in formal education or training should help young people to achieve education and training outcomes, building on what they have learned before and preparing them for adult life. |  |

PLEASE INCLUDE THE FOLLOWING REPORTS FROM PROFESSIONALS:

|  |  |  |
| --- | --- | --- |
| 8 | **EDUCATION**  Evidence of other in-school/Early Years setting assessments, specialist advisory teachers / Outreach Services and therapists if available: |  |
| 9 | **SOCIAL CARE**  Any involvement of Social Care or the Youth Offending Team. This may include a Multi Agency  Safeguarding Hub (MASH) referral form. |  |
| 10 | **HEALTH**  Medical history. Please include written medical confirmation of a diagnosis. |  |

Has this request for a Statutory Assessment been discussed with parents/guardians? YES / NO

In the case of a Child Looked After please ensure that you have contacted the child’s Social Worker.

**How we will use your information**

**What information will we be processing?**

We will process personal information provided by you about you and your child(ren) including names, addresses, contact details, dates of birth, identification reference numbers (e.g. Unique Pupil Number (UPN), NHS number etc.) and gender status. We may also need to hold some special category data including: Physical and mental health details, in order to, in order to identify and meet individual needs. And, we may need special category data including: ethnic origin and religious and/or philosophical beliefs.

We will request and process personal information provided by other organisations and bodies including, but not limited to, Torbay Children’s Services, other social care services, education providers, healthcare providers and the police.

We are the data controller in relation to your data.

**Why will we be processing it?**

The Special Educational Needs and Disabilities Service (SEND) will use the data to identify your child’s SEND needs and ensure that the required support is identified. It will be used to determine whether a Statutory Assessment is required and may help inform the outcome of this. The SEND Code of Practice explains who we must ask for advice when carrying out an EHC needs assessment. If appropriate the data will help to formulate, review and monitor your child’s progress against Education, Health and Care Plans (EHCPs).

Your information will allow us to improve the service for others through Quality Assurance. As part of our quality assurance process, we undertake regular auditing of EHCP’s, Annual Reviews and Amended plans, this helps us to improve our service. Our auditing work is undertaken internally and externally, with colleagues such as, Education, Health and the Community and Voluntary sector. All those who participate in the auditing process, will sign a confidentiality agreement.

The Special Educational Needs and Disabilities Service (SEND) use data for statutory returns. This data sharing underpins school funding, educational attainment policy and monitoring and enables Government to; produce statistics, assess our performance, determine the destinations of young people after they have left school or college and to evaluate Government funded programmes.

**What is our lawful basis?**

Our lawful basis for processing your personal and special category data is that is a task carried out in the public interest outlined in the General Data Protection Regulation as:

Article 6(1)(c) processing is necessary for compliance with a legal obligation to which the controller is subject

Article 6(1)(e) processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller;

Article 9(2)(g) processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued.

Article 9(h) processing is necessary for the purposes of the provision of health or social care or treatment or the management of health or social care systems and services

These laws being:

• Children Act 2004

• Children Act 1989

• Education Act 1996

• Care Act 2015

• Equality Act 2010

• Children and Families Act 2014

• The Special Educational Needs and Disability Regulations 2014

• Mental Capacity Act 2005

• The Education (Information About Individual Pupils) (England) Regulations 2013

At the beginning of the EHC assessment process we believe its good practice to gain parental or carer consent for the sharing of this data, however this is not necessary to begin assessment.

Educational providers are covered under their own GDPR, privacy notices, policies and procedures.

**Do we share your information?**

If appropriate we may share your data with other organisations and bodies including, but not limited to, Torbay Children’s Services, other social care services, education providers, alternative provision, healthcare providers, Government departments and the police.

Information about you may be provided to us by other organisations and bodies including those listed above.

We do not trade personal data for any commercial purpose and we will only disclose your personal information if we have a lawful basis to do so.

Any information shared is done so in accordance with our statutory duties under the above named legislation.

**How long do we keep your information?**

We are currently retaining records relating to children’s services indefinitely as required by the Independent Inquiry into Child Sexual Abuse (IICSA).

**What are my rights?**

Torbay Council’s Information Rights Policy is available upon request or can be found online at www.torbay.gov.uk/council/information-and-data/data-protection/your-rights/

You are able to exercise your information rights at the above link.

Alternatively you can contact the Information Governance Team via email at infocompliance@torbay.gov.uk or write to:

Information Governance

Torbay Council, Town Hall

Castle Circus

Torquay

TQ1 3DR

**Declaration:**

I have checked that the details I have provided, including contact details, are correct and have read and understand the privacy information above.

When signing this declaration, you are also giving permission for your child or young person’s EHCP to be part of our quality assurance process. This may also involve direct contact with yourself and if appropriate young person, to gain your thoughts..

**Parent 1**

**Print name: ………………………………………………………………………….**

**Signed: ……………………………………………………………………… Date: ………………………………**

**Parent 2**

**Print name: ………………………………………………………………………….**

**Signed: ……………………………………………………………………… Date: ………………………………**

Please ensure that the Parents/Guardians sign this form and have completed an RSA/Appendix A – parental advice form.

Please ensure that the Appendix F – views of the child / young person and One Page Profile or Person-centered Tools sufficient to complete a One Page Profile (all of which are available to download from [www.torbay.gov.uk/schools-and-learning/send/statutory-assessments/](http://www.torbay.gov.uk/schools-and-learning/send/statutory-assessments/) ) have been completed.

**Please ensure both the completed Appendix A and completed Appendix F have been submitted alongside this form.**

Signed ……………………………………………………… Date

(Headteacher / Proprietor)

*This form, the Appendix A - parental advice form, the Appendix F - views of the child or young person form, One Page Profile and person-centered tool are available to download from* [*www.torbay.gov.uk/schools-and-learning/send/statutory-assessments/*](http://www.torbay.gov.uk/schools-and-learning/send/statutory-assessments/)

|  |  |
| --- | --- |
| **Printed name of person who completed this form** |  |
| **Designation of person who completed this form** |  |
| **Name of Educational Setting:** |  |
| **Educational Setting Address:** |  |
| **Telephone number:** |  |
| **Preferred email address for future correspondence:** |  |