**REQUEST 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 either the  Children’s Services Office  in Castle Circus Torquay or  Connections Office  in Paignton Library |

**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:** | **Sex: Male/Female** |
| **Early Years Setting Attending:** |  | | |
| **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 |  | | | |
| Preferred method of contact |  | | | |

**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 ü 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 Early Years / Childminding Settings |  |  |  |
| Previous Early Years / Childminding Settings |  |  |  |
|  |  |  |
| Portage Home visitor |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Is the child receiving Activity Led Funding? | Yes/No | | |
| What level of Funding is received? | Please ring:  Level 1               Level 2                Level 3              Level 4 | | |
| How much funding do you receive each term? | Term 1  £ | Term 2  £ | Term 3  £ |
| What has been the impact of this funding on the child’s progress? | Comments: | | |

|  |
| --- |
| **CHILD’S FAMILY AND HOME** |
| * *Family structure* * *Any relevant developmental or health conditions that siblings, parents or other family members may have.* * *Child’s interests and motivators* * *Views, Interests and Aspirations of the Child and Family e.g.State the parents’ wishes re support and experiences for their child in the future; wishes regarding school placement* |
| **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/))  **Only comment on what is happening in your setting or at home, not what may happen in a future placement.**   * *Which professionals are involved and when they were involved* * *Has the child has attended the Child Development Centre and what was the outcome?* * *Does the child have a medical diagnosis and what support is in place as a result?* * *Does the child attend an Early Years setting and if so what support do they receive already?* * *What evidence do you have that supports the Graduated Approach support cycle i.e. are there individual targets in place and do review meetings take place with the parents involvement? Please provide recorded evidence of this.* * *Summarise the child’s needs including any diagnosis, refer to the 4 areas of need in the SEND Code of Practice 2015 Chapter 5 p85 - communication and interaction • cognition and learning • social, emotional and mental health • sensory and/or needs* * *Summarise specific strategies that you use that best support the child.* * *What is going to happen next? Such as on-going support at pre-school through target setting; a referral to another agency; a transition meeting.* * *If appropriate, add any specific training or equipment that you have had to support the child in your setting e.g. Thrive Training, Makaton signing, PECS training, Speech and Language Support and training, training from the specialist nursing team re feeding, epilepsy.*   **NB: There is another opportunity to comment on the breakdown of needs in the need/provision table** |

1. **Early Years Foundation Stage Curriculum**

**Areas of Learning and Development**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Early Years Foundation Stage Curriculum** | **Age in Months** | | |  |
| **Areas of Learning and Development** |  |  |  |  |
|  | **End of term 1** | **End of term 2** | **End of term 3** | **Small Step Assessment Used** |
| **Communication and Language** |  |  |  |  |
| Listening, Attention & Understanding |  |  |  |
| Speaking |  |  |  |
| **Personal, Social and Emotional Development** |  |  |  |
| Self-Regulation |  |  |  |
| Managing Self |  |  |  |
| Building Relationships |  |  |  |
| **Physical Development** |  |  |  |
| Gross Motor Skills |  |  |  |
| Fine Motor Skills |  |  |  |
| **Literacy** |  |  |  |
| Comprehension |  |  |  |
| Word Reading |  |  |  |
| Writing |  |  |  |
| **Mathematics** |  |  |  |
| Number |  |  |  |
| Numerical Patterns |  |  |  |
| **Understanding the World** |  |  |  |
| Past and Present |  |  |  |
| People, Culture and Community |  |  |  |
| The Natural World |  |  |  |
| **Expressive Arts and Design** |  |  |  |
| Creating and Materials |  |  |  |
| Being Imaginative and Expressive |  |  |  |

1. **Learning and Development**

|  |  |
| --- | --- |
| **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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1. **Additional evidence:**

Has there been involvement from:-

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Social Care** | **InvolvedYes/No** | **Report attached**  **Yes/No** | **Name** | **Contact Number** |
| Social Care |  |  |  |  |
| Children with Disabilities 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)

**SEN provision currently in place with supporting evidence**

**Evidence of the action already being taken by the early years provider 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 Early Years setting.***
* ***Clear evidence that Early Years settings have consulted with an Educational Psychologist/Early Years Inclusion Advisory Teacher and have acted upon given advice.***
* ***The child’s SEND support process is shown to have been reviewed and progress recorded over a period of time, following the Graduated Approach for SEND.***

**Evidence that where progress has been made, it has only been as the result of much additional, targeted 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***
* ***Individual Learning & Development Plans (ILDP’s) and recorded review meetings with parents / carers***
* ***Applications for Activity Led Funding in Early Years (ALFEY)***

**Please list all additional relevant evidence or advice enclosed with /attached to this request:** *e.g. evidence of action taken within the graduated response (small steps assessments, ILDP’s 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 |
|  |  |
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(Please add extra rows if required)

***Only comment on what is happening in your setting or at home, not what may happen in a future placement.***

***Only complete needs that are relevant to the child/YP***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **COGNITION AND LEARNING** | | | | | | | |
| **Strengths:**  What the child can do. | |  | | | | | |
| **Characteristics of Effective Learning** | | **Description of difficulties** | | **Goals anticipated to be achieved at 6 month Review** | | **What the adult needs to do to support him/her** | |
| **ENGAGEMENT** | |  | | | | | |
| **Playing and Exploring**   * Finding out and exploring * Playing with what they know * Being willing to ‘have a go’ | | *Comment on needs now:*   * *What type of play the child engages in e.g. Sensorimotor play, constructive play, exploratory play, early pretend play or representational play* * *Is the play repetitive?* * *Can the child initiate play and/or join others at play successfully?* * *What are your current play targets for the child and* * *How do you support the child to engage in play?* * *Will the child stay with what is familiar or are they prepared to attempt ‘new’ play experiences?* * *Does the child need you to model or demonstrate play and the language linked to the activity?* | | *Write a current SMART target that is approrpatie for the child* | | *Include specific strategies and resources that the adult needs to support the child to achieve this.*  *This is additional to everyday practice.* | |
| **MOTIVATION** | |  | | | | | |
| **Active learning**   * Being involved and concentrating * Keeping trying * Enjoying achieving what they set out to do | | *Comment on needs:*   * *The child’s ability to concentrate on adult led activities and/or child led activities* * *How do you engage and sustain the child’s attention?* * *The child’s level of motivation and persistence when faced with difficulties* * *Does the child become involved in activities and experiences which arise out of personal interest and curiosity?* * *Does the child know how to seek appropriate help in terms of materials, tools and other people in order to sustain their attention on any one activity?* * *Do activities need to be differentiated in order for the child to engage, if so how are they adapted?* * *Does the child need plenty of opportunities to revisit new experiences and establish new skills?* | | *Write a current SMART target that is appropriate for the child* | | *Include specific strategies and resources that the adult needs to support the child to achieve this.* | |
| **THINKING** | |  | | | | | |
| **Creating and ThinkingCritically**   * Having their own ideas * Making links * Working with ideas | | *Comment on needs:*   * *Does the child relate to past or future events or is much of what they communicate about in the ‘here and now’?* * *Can the child tell you or show you their way of doing things?* * *Does the child link their own experiences with their play and learning and how?* * *Does the child explore ways of solving problems e.g. trial and error?* * *Does the child need structure and routine?* * *Can the child make a choice and how you do help them do this?* * *How does the child learn? Is the child a visual, kinaesthetic or auditory learner?* | | *Write a current SMART target that is approrpatie for the child* | | *Include specific strategies and resources that the adult needs to support the child to achieve this.* | |
| **Specific areas of EYFs** | |  | | | | | |
| Literacy  Mathematics Understanding the world  Expressive arts and design | | *Comment on needs where relevant on:*   * *Word Reading* * *Writing* * *Number* * *Numerical Patterns* * *Past and Present* * *People, Culture and Community* * *The Natural World* * *Creating and Materials* * *Being Imaginative and Expressive* | | *Write a current SMART target that is approrpatie for the child* | | *Include specific strategies and resources that the adult needs to support the child to achieve this.* | |

(Please add extra rows if required)

|  |  |  |  |
| --- | --- | --- | --- |
| **COMMUNICATION & INTERACTION** | | | |
| **Strengths:**  What the child can do. |  | | |
| **EYFS Aspect from C&L** | **Description of difficulties** | **Goals anticipated to be achieved at 6 month Review** | **What the adult needs to do to support him/her** |
| Listening, Attention & Understanding  Including understanding of non-verbal communication e.g. eye contact, body language, gestures, picture cues | *Comment on needs:*   * *The level of the child’s listening and attention skills – for example fleeting attention, single channelled,* * *What support do you give the child to gain their listening and attention?* * *What situations are better for the child to sustain their listening and attention skills?* * *What are the current targets for the child to help develop their skills in this area?* * *The level of verbal understanding that the child is functioning at eg ‘Ben is understanding at a 2 word level of understanding’.* * *Comment on the child’s understanding of vocabulary* * *What strategies support the child’s understanding of language* * *Are there any other types of verbal or non-verbal communication that the child understands – BSL, Makaton signing, picture cues or another language* * *Are there any formal test results of verbal language from the speech and language therapist* * *Are there any targets to support the child’s understanding, that you are working on at the moment* * *Does the child understand the social context when communicating with others?* * *How the child understands and uses non-verbal communciaiton* | *Write a current SMART target that is approrpatie for the child* | *Include specific strategies and resources that the adult needs to support the child to achieve this.*  *.* |
| Speaking  *Also include the use of alternative or augmentative communication (AAC) e.g. Makaton Language Programme, Braille, BSL, Picture Exchange Communication System*    Social use of language | *Comment on needs:*   * *How the child communicates* * *Does the child use alternative or augmentative forms of communication?* * *Is the child using vocalisations and sounds?* * *Is the child using words or phrases?* * *Does the child use grammatical sentences?* * *What is the child’s expressive vocabulary development like?* * *Are there any formal speech and language therapy assessment results?* * *Are there any targets focussing on ‘speaking’ that you are working on with the child at the moment?* * *List the strategies that you use to support the child’s expressive communication* * *Is the child part of a targeted communication intervention group?* * *Can the child use language purposefully with others to meet their needs* * *What support do you give to enable the child to interact with their peers or adults appropriately* * *Is non-verbal communication challenging / confusing for the child?* | *Write a current SMART target that is approrpatie for the child* | *Include specific strategies and resources that the adult needs to support the child to achieve this.* |

(Please add extra rows if required)

|  |  |  |  |
| --- | --- | --- | --- |
| **SOCIAL, EMOTIONAL AND MENTAL HEALTH** | | | |
| **Strengths:**  What the child can do. |  | | |
| **EYFS Aspect from PSED** | **Description of difficulties** | **Goals anticipated to be achieved at 6 month Review** | **What the adult needs to do to support him/her** |
| Self-Regulation | *Comment on needs:*   * *Does the child need support to socialise successfully with peers and adults?* * *Can the child regulate their emotions?* * *What support do you give the child to manage their emotions and self-regulation?* * *Is the child able to express their feelings effectively?* * *Can the child understand the consequences of their own responses?* * *Can the child empathise with others around them?* * *Can the child wait for their needs to be met?* * *What programmes or strategies have you used to support the child’s emotional development?* * *Does the child use any strategies themselves, to calm and sooth following upset?* * *Does the child have any specific obsessions or strong interests.* * *Does the adult support the child or use specific strategies to help reduce anxiety or distract the child* * *What level of support is needed to learn new routines.* * *What level of support is needed when transitioning from place to place and activity to activity?* * *Does the child need support in new places or with new people* * *Does the child need comfort objects/toys to help settle* | *Write a current SMART target that is approrpatie for the child* | *Include specific strategies and resources that the adult needs to support the child to achieve this.* |
| Managing Self | * *Can the child settle easily to a change of situation?* * *How independent is the child?* * *What are the child’s preferences or dislikes?* * *How effective is the child at meeting their own needs?* * *Comment on the child’s toileting needs and/or level of independence* * *Comment on the child’s ability to feed themselves* * *Does the child have any specific medical conditions that may delay independence with self -care* * *Comment on the child’s ability to dress and undress independently* * *The child’s ability to manage their own hand hygiene* * *Comment on the child’s sleep pattern and if a sleep/rest routine needs to be accommodated* * *Is the specialist nursing team involved with the child?* * *Is the Paediatric Bowel and Bladder Team involved with the child?* * *Comment on the child’s sensory needs if there is involvement from the Hearing Support Service or the Visual Impairment Service* * *Does the child have a Health Care Plan in Place* | *Write a current SMART target that is approrpatie for the child* | *Include specific strategies and resources that the adult needs to support the child to achieve this.* |
| Building Relationships | *Comment on:*   * *The child’s relationships with adults* * *The child’s relationships with peers and siblings* * *How do you support the child with interactions and play with others?* * *Can the child share and take turns with others?* * *Comment on the child’s social play skills*   *(solitary play; parallel play; associative play; co-operative play)*   * *What specific targeted support have you used to support positive relationships* | *Write a current SMART target that is approrpatie for the child* | *Include specific strategies and resources that the adult needs to support the child to achieve this.* |

(Please add extra rows if required)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SENSORY AND/OR PHYSICAL NEEDS** | | | | | | | |
| **Strengths:**  What the child can do. | |  | | | | | |
| **EYFS Aspect from PD** | | **Description of difficulties** | | **Goals anticipated to be achieved at 6 month Review** | | **What the adult needs to do to support him/her** | |
| Gross Motor Skills | | *Comment on needs :*   * *The child’s fluency and control* * *The child’s range of movements, level of skill and competency* * *The child’s spatial awareness* * *The child’s awareness of risky or dangerous situations that are beyond their physical capabilities* * *Any specific assessment you use to monitor the child’s development in this area – e.g. Guide to Early Movement Skills* * *Any physiotherapy or occupational therapy programmes you are following or advice given regarding handling or positioning of the child* * *Any equipment that the child needs or adaptations* | | *Write a current SMART target that is approrpatie for the child* | | *Include specific strategies and resources that the adults need to support the child to achieve this.* | |
| Fine Motor Skills | | *Comment on needs:*   * *Describe how the child uses their hands if this skill is significantly delayed* * *The child’s fluency and control using small tools* * *The child’s ability to feed themselves using cutlery* * *Child’s ability to manipulate toys and objects* * *Any specific assessment you use to monitor the child’s development in this area – e.g. Guide to Early Movement Skills* * *Any physiotherapy or occupational therapy programmes you are following or advice given regarding handling or positioning of the child* * *Any equipment that the child needs or adaptations* | | *Write a current SMART target that is approrpatie for the child* | | *Include specific strategies and resources that the adults need to support the child to achieve this.* | |

(Please add extra rows if required)

**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) and photo** |  |
|  |
| 2 | Evidence of the child or young person’s academic attainment (or developmental milestones in younger children) and rate of progress:   * *Current and previous - such as Early Years Outcomes or Small Steps Assessmenst.* |  |
| 3 | Information about the nature, extent and context of the child or young person’s SEN.   * *Summary of the child’s Special Educational Needs* |  |
| 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 Early Years setting.* * ***Clear evidence*** *that Early Years settings have consulted with an Educational Psychologist/Early Years Inclusion Advisory Teacher and have acted upon given advice.* * *Chronology of actions taken to support the child and other external professionals and agencies involved including inclusive education practices, targeted evidence based interventions, etc.* * *The child’s SEND support process is shown to have been reviewed and progress recorded over a period of time, following the Graduated Approach for SEND.* |  |
|  |
|  |
|  |
| 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:* * *Individual Learning & Development Plans (ILDP’s) and recorded review meetings with parents / carers – Relevant and time frame* * *Applications for Activity Led Funding in Early Years (ALFEY)* |  |
|  |
|  |
| 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.* |  |

PLEASE INCLUDE THE FOLLOWING REPORTS FROM PROFESSIONALS:

|  |  |
| --- | --- |
| **EDUCATION**  Evidence of other in-school/Early Years setting assessments, specialist advisory teachers / Outreach Services and therapists if available: |  |
| **SOCIAL CARE**  Any involvement of Social Care or the Youth Offending Team. This may include a Multi Agency  Safeguarding Hub (MASH) referral form. |  |
| **HEALTH**  Medical history. Please include written medical confirmation of a diagnosis. Appointment letters are not required, reports with details of diagnosis and development are. |  |

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](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) 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/](http://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](mailto: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’s EHCP to be part of our quality assurance process. This may also involve direct contact with yourself 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 Appendix A – parental advice form.

**Please note that if parents with parental responsibility have not given a combined response (e.g parents that live at separate addresses) then there should be separate signatures of consent and Appendix As for each parent with parental responsibility.**

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

(Early Years Professional)

*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/)

|  |  |
| --- | --- |
| **Name of Early Years Setting:** |  |
| **Early Years Setting Address:** |  |
| **Telephone number:** |  |
| **Preferred email address for future correspondence:** |  |