EDUCATION HEALTH AND CARE NEEDS ASSESSMENT REQUEST

# REFERRAL/INFORMATION FROM COLLEGES

|  |
| --- |
| **SECTION 1 : GENERAL INFORMATION**  Name of College:  Young Person’s Surname:      Forename:  Date of Birth:       Gender:  Young Person’s address and postcode:  College year: eg. Yr 1,2  GP Name:  GP Address:  Is the young person in care or accommodated?  Yes  No  Don’t know  If yes to which Local Authority do they belong? |

**All EHC Needs Assessment requests should be undertaken in partnership with the parent/carer and the young person wherever possible. This should be done using the EHC Needs Assessment Request Guidance & Checklist document. There is a section specific to young people age 16 years plus.**

**You should be aware that your report will be shared with the young person.**

**Please tell us the names, addresses and contact details of the parents/carers of the young person if applicable. If responsibility is shared between two people living at the same address please write both names in box 1.**

|  |
| --- |
| **BOX 1**  Name(s):  Mother  / Father  / Guardian  / Carer  (Please tick)  Address:  Telephone:  Email Address: |

**If you know that someone else (other than those named in Box 1) has parental**

**responsibility for the child, please write their name(s) and address(es) and**

**contact details in box 2.**

|  |
| --- |
| **BOX 2**  Name(s):  Mother  / Father  / Guardian  / Carer  (Please tick)  Address:  Telephone:  Email Address: |

**SECTION 2: Areas of need and strengths**

|  |
| --- |
| **Please describe the young person’s special educational needs. Are these severe, complex and long term and likely to impact on everyday life:** |

|  |
| --- |
| **Please describe any health or social care needs relating to the young person:** |
| **Health** |
| **Social Care** |

|  |
| --- |
| **Please identify any particular strengths:** |

|  |
| --- |
| **In your professional view, do you feel that an EHC Needs Assessment is the most appropriate way forward? If so, why?** |
| **Could the young person’s needs be met without the need for an EHC Needs Assessment? If so, give details:** |

**SECTION 3: Other Service Involvement**

|  |
| --- |
| **Which other services or agencies are already involved? Please provide names, contact details, period of involvement and most recent contact:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Names** | **Contact details** | **Period of involvement** | **Most recent contact** |
| **Education** |  |  |  |
| Other(s) |  |  |  |
| **Health** |  |  |  |
| Paediatrician |  |  |  |
| S and LT |  |  |  |
| Physiotherapist |  |  |  |
| Occupational Therapist |  |  |  |
| CAMHS |  |  |  |
| Other(s) |  |  |  |
| **Early Help** |  |  |  |
| Targeted Support (Family Service) |  |  |  |
| **Social Care** |  |  |  |
| Social Worker |  |  |  |
| Short breaks |  |  |  |
| Direct payment |  |  |  |
| Home care |  |  |  |

|  |
| --- |
| **Are there any other relevant factors that impact on the young person’s learning, progress, development, health, emotional well-being:** |

**SECTION 4: College Attendance Record**

|  |  |
| --- | --- |
| Previous school/education setting attended: |  |
| What course of study is the young person attending? |  |

**Please give details of recent attendance record (over last three terms including current term):**

|  |  |
| --- | --- |
| **Term** | **Percentage attendance** |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Please provide details of any factors which impact on attendance eg medical appointments, proximity of college etc:**  If attendance is low and relates to a young person’s SEN, please provide details of the re-integration plan and any related reviews. |

**Details of any exclusions:**

|  |  |  |
| --- | --- | --- |
| **Date of exclusion** | **No of days** | **Reason** |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION 5: Progress and Attainment over time**

**Record on this grid as much assessment and progress data that you have on this young person**. Please use SAT/GCSE results or teacher assessment of NC levels, PIVATs /

P-scales, Portage assessment scores as appropriate over the last two years:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of assessment. eg SATs, NC Levels etc** | **Subject or Developmental Area** | **Term 1 (date & score)** | **Term 2 (date & score)** | **Term 3 (date & score)** | **Term 4 (date & score)** | **Term 5 (date & score)** | **Term 6 (date & score)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Evidence of Graduated Approach/Response**

|  |
| --- |
| **Is the young person currently in receipt of element 3 funding? Yes No**  **If yes, how is this used?**  **What other strategies have been put in place to support the young person?** |

**Preparing For Adulthood**

|  |
| --- |
| **What is the identified pathway for the individual that the current/proposed programme will support?** |

**SECTION 6**

**Are there any multi-agency arrangements already in place? Please provide details of types and dates of meetings in the last 12 months:**

|  |  |
| --- | --- |
| **Type** | **Dates** |
|  |  |
|  |  |
|  |  |

**Please also indicate, with details of date, time and venue and type of meeting, if a multi-agency meeting is planned within the next 8 weeks:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Time** | **Venue** | **Type** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Does the child/young person have a Wiki in place?**  Yes  No  Unknown |

Please attach other relevant information eg IEPs, review reports, support service assessments or reports, medical advice.

Name of Contact:       Job Title:

Contact Address:

Email: Telephone:

Name of Principal:

Signed (Principal):       Date:

**Please return all completed paperwork in the freepost envelope provided**

**Duty Officer, ICDS Assessment Team, Meadow House, Littleworth, Mansfield, Nottinghamshire, NG18 2TB**

**Or e-mail to:**  [**ICDS.duty@nottscc.gov.uk**](mailto:ICDS.duty@nottscc.gov.uk)