

Education, Health & Care Assessment Request for



Name

DoB: .././....

*Insert image - photograph or drawing
of child or young person*

Add a photo here – but
please make sure you
have agreed this with the
child or young person!

Request submitted by

Name of Education Provider

EHCAR compiled by

Name

Role

Telephone & email

Date of submission

.././....

The Child or Young Person's Personal Details

| | | |
|-----------------------------------|------------------------------------|------------------------------------|
| Full name | Text | |
| Known as | Text | |
| Date of Birth | Text | |
| Year Group | Year | |
| UPN or NHS number | Text | |
| Address | Text | |
| Main contact phone number | Text | |
| Parent/carer's details | Parent/carer 1 | Parent/carer 2 |
| | Parental responsibility: Y/N Name: | Parental responsibility: Y/N Name: |
| | Address: | Address: |
| | Telephone: | Telephone: |
| | Email: | Email: |
| Preferred method of contact | Telephone/email/letter | |
| Correspondence copied to | Text | |
| Preferred time for calls/meetings | Text | |
| Language | Text | |
| GP name and address | Text | |

Child Looked After by the Local Authority (CLA)

| | |
|---------------------------------|------|
| Social Worker Name | Text |
| Social Worker Contact Number | Text |
| Social Worker Address | Text |
| Local Authority & Team | Text |
| Who has parental responsibility | Text |

Make sure you delete the appropriate answer for these yes/no questions!

yes/no

Forces Family

| | |
|---------|------|
| Details | Text |
|---------|------|

yes/no

Pupil Premium

| | |
|----------|------------------------|
| Category | FSM FSM6 CLA HMF |
|----------|------------------------|

yes/no



Section A - All About Me

the views, interests and aspirations of the child and his or her parents or of the young person

A1 What I'm good at, what people like about me...

My views

Text

What others say

Text

A2 What's going well for me is...

My views

Text

What others say

Text

A3 What's not going so well for me now is...

My views

Text

What others say

Text

My Views

The child or young person's views are the most important part of section A. and should be unique and personal to them.

Make sure you capture their views in their voice. For those that are none verbal put in the method used to capture the views – a talking mat or observations of behaviour for example. The submission should be based on their aspirations so make sure they are accurately captured.

A4 What's important to me now is...

My views

Text

What others say

Text

Others Views

This is where you can add views of others and their understanding of the child or young person's views.

Remember this section is about what the child or young person wants and aspires to – NOT what other people expect of them.

A5 What's important to me in the future...

My views

Text

What others say

Text

A6 How you can help me to make choices and to let you know what I want to happen...

My views

Text

What others say

Text

Parent or Carer Views

Text

Our child's story so far...

Text

My child's strengths are...

Text

What's going well is...

Text

What's not going so well is...

Text

What's important for my child now is...

Text

What's important for my child in the future is...

Text

Any other comments?

Text

Completed with

Text

Date

Parent Views
This is where you must gain the views of the parents.
This can be blank for any young person aged 16 or above (assuming that they have capacity to consent to this request).

Background Information

| | |
|---|---|
| Educational history | Text |
| Strengths and achievements | Text |
| Identification of special educational needs | Please provide a brief indication of when and how special educational needs were initially identified |
| Graduated approach at SEN support | Approximately how long has the graduated approach of assess, plan do, review been in place/or for how many cycles of this? <i>(the usual expectation would be for the education provider to have implemented at least two cycles of the graduated approach prior to discussing an EHCAR with parents/carers)</i> |

Background information should be completed by the SENCo

This should be a summary of educational history, the identification of SEND and the graduated approach used over time.

| | | | |
|--|---|--|--------------------|
| <p>Current educational attainment/developmental milestones</p> | <p>NB: Please include context for individual school tracking information. Also include a SENCo/class teacher opinion on the National Curriculum year group that the child/young person's learning currently best aligns with.</p> | <p>It is vital that the panel can see and understand the levels that the child or young person is functioning at. Please make sure that whatever tracking and assessment information you include here is fully explained with reference to chronological norms.</p> | |
| <p>Previous educational attainment/developmental milestones (summary at end of each key stage so far)</p> | <p>Please include previous summative information as available/appropriate to show progress over time</p> | | |
| <p>Attendance</p> | <p>(% - last academic year & current academic year so far)</p> | <p>? % (yy/yy)</p> | <p>? % (yy/yy)</p> |
| | <p>Have there been significant periods or patterns of absence?</p> | | <p>yes/no</p> |
| | <p>If yes, please explain:</p> | | |
| <p>Exclusion</p> | <p>(Sessions - last academic year & current academic year so far)</p> | <p>(yy)</p> | <p>/no</p> |
| | <p>Have there been any significant patterns of exclusion?</p> | | |
| | <p>If yes, please explain:</p> | | |
| <p>Educational offer</p> | <p>Does the child or young person have a full-time offer of education?</p> | | <p>yes/no</p> |
| | <p>If no, please describe what the offer of educational provisions is and explain the reasoning for this, including planned steps back to full entitlement</p> | | |
| | <p>Any school age child without a full time offer should have a clear plan of reintegration back to full time.</p> | | |

Graduated Approach: additional and different provision by education providers

History of previous targeted and specialist interventions/provision
(at least two cycles of assess, plan, do, review wherever possible)

| NC Year | Provision | Details frequency, duration, group size etc. | Impact (with ratio gains if possible) |
|---------|-----------|--|--|
|---------|-----------|--|--|

This should be a description of additional and different provision, not quality first teaching.

Interventions/provision currently in place to meet needs

Please submit relevant school-based summaries, e.g. timetable, individual provision map, IEP etc)

| Provision | Recommended by | Details frequency, duration group size etc. | Cost (approx. per academic year) | Impact (with ratio gains if possible) |
|-----------|----------------|---|--|---|
|-----------|----------------|---|--|---|

This should be a description of additional and different provision in place and costs.

Group intervention and support should be divided by group size to indicate cost per child.

£
£
£
£
£
£
£

Total

(show evidence of how additional EYFS E2 or Element 2 funding has been allocated to meet SEN needs)

External Agency/Professional Involvement

| Role | Name | Involvement dates | | Contact Details (address, email and telephone) | Report | |
|------|------|-------------------|-------|---|-----------|----------|
| | | from | to | | requested | included |
| | | ../.. | ../.. | | yes/no | yes/no |
| | | ../.. | ../.. | | yes/no | yes/no |
| | | ../.. | ../.. | | yes/no | yes/no |
| | | ../.. | ../.. | | yes/no | yes/no |
| | | ../.. | ../.. | | yes/no | yes/no |

Description of Special Educational Needs

The following sections should be used to collate the opinions of parents and carers, the school, college or setting along with the advice of other professionals about the precise nature of the child or young person's needs. Please ensure that the evidence submitted to support the request for statutory assessment is referenced within the corresponding descriptions of special educational need.

Cognitive Learning (C&L)

Text

Text

Text

Describe the needs in each area.

Remember to clearly state how the child or young person's needs impacts on them. A diagnostic label does not describe need - focus on practical implications of any health conditions or impairments on different areas of the child or young person's life.

E.g. Dylan has a diagnosis of Autistic Spectrum Disorder. This means Dylan displays a preference for routine and rigidity and this affects the range of activities that he will engage with in the classroom and the way he understands and interprets the world around him.

Mary has a hearing loss that is moderate in both ears at mid to low frequencies and profound in both ears at high frequencies. She wears post aural (behind the ears) hearing aids but her hearing levels are unstable. This means she can often miss important information in the classroom.

Sensory, Physical and

Text

This can be completed for children or young people at all ages. But from Y9 upwards this is essential

Some useful info about PFA at all ages can be found at <https://www.preparingforadulthood.org.uk/downloads/education-health-and-care-planning/pfa-outcomes-tool.htm>

Developing independence, self-care and/or Preparation for Adulthood (PFA)*

Text

* PFA consideration is statutory from Year 9.

Description of any Health Needs related to the child/young person's special educational needs

Provide extracts from reports in inverted commas with the author's consent re. the appropriateness of this content to this EHCAR process.

Text

Add any medical needs in this section. These needs should only be those that relate to the child or young person's SEN.

Description of any Social Care Needs related to the child/young person's special educational needs

Provide extracts from reports in inverted commas with the author's consent re. the appropriateness of this content to this EHCAR process.

Text

Make sure the information here and reports included are appropriate to share to a wider audience. Make sure that parents are aware when they sign the consents later on the form about sharing documents.

Any other essential modifications to, or exclusions from, usual requirements?

Additional to that within other descriptions of need (e.g. the need for modifications to application of the National Curriculum, specific facilities etc.

Why is an EHCP required?

What needs cannot be met without an EHCP?
What difference would this make?

**Why does this child or young person
require an EHCP to support them to
meet their outcomes?**

**Why can't these needs be met through
universal and targeted provision?**

**What are you expecting the EHCP to
bring in addition to what is already in
place?**

Evidence informing this EHCAR

| Author | Detail (e.g. SENCo assessment, IF2 funding application etc.) | date | submitted |
|--------|--|---------|-----------|
| 1 | | .././.. | yes/no |
| 2 | | .././.. | yes/no |
| 3 | | .././.. | yes/no |
| 4 | | .././.. | yes/no |
| 5 | | .././.. | yes/no |
| 6 | | .././.. | yes/no |
| 7 | | .././.. | yes/no |
| 8 | | .././.. | yes/no |

EHCAR Submission Summary

| | | |
|--|----------------|--------|
| Authorised by: | Headteacher | |
| Is this a first submission? | | yes/no |
| If a resubmission, please provide date(s) of previous submission(s) | Text | |
| If a resubmission, please outline major changes/evidence additions within this EHCAR | Text | |
| All EHCAR sections completed? | | yes/no |
| Child/young person voice? | | yes/no |
| Parent or parent voice? | | yes/no |
| Signed parent/carer consent? | | yes/no |
| Has a CAN-Do* been submitted? | Date .././.... | yes/no |

Complete this checklist to make sure all sections and signatures are complete.

You'd be surprised how many submissions are missing signatures and have to be sent back causing delay to the process!

*Submission of a CAN-Do is an essential requirement of the North Yorkshire EHC assessment process, this can be completed either alongside this EHCAR submission or later within the assessment timescale.

Please return to the Local Authority, as a Word file.

Email to sen@northyorks.gov.uk (via Egress - no more than 10 megabyte file size) or post to: SEN Business Support, Room SB115, County Hall, North Yorkshire YO1 7 8AE

Please use word and scan the appropriate signatures in where required.

Appendix 1: Authorisations and consents related to the EHCAR

Please ensure that this appendix is scanned and submitted as a separate PDF or image along with the main EHCAR submission. Please note that the Local Authority cannot progress the EHCAR without receipt of this signed consent.

| | | | |
|---|------------------|--------|-----------|
| EHCAR submitted by: | SENCo (or other) | Signed | .././.... |
| Submission authorised by: | Headteacher | Signed | .././.... |
| As required, is there consent from the author(s) of professional reports that this information can be shared either within the EHCAR or as separate evidence? | Yes/no | | |

Both of these must be signed before submission.

You must have consent from the authors to share any report.

Parent(s) or carer(s): information sharing and consent

Consent to seek and share information about children and young people undergoing an Education, Health and Care assessment or who have an EHC Plan or Statement:

North Yorkshire County Council has a responsibility to you and your family to ensure that we handle your personal information sensitively. This includes sharing your information appropriately with other professionals and storing your data securely.

We are required to adhere to the requirements of the Data Protection Act 2018, including the General Data Protection Regulation, to manage and share your information with other professionals and organisations.

All information relating to your Education, Health and Care assessment and will only be accessed by professionals involved in the assessment process.

We must also share the assessment advice, Education, Health and Care Plan with your current and future nursery, school or college to ensure we can meet your child's needs. This will happen following the completion of the assessment.

The information collected regarding my child's Statutory Assessment and the evaluation of provision for children and young people with SEN or disabilities.

In some exceptional circumstances, for example, where there is a significant risk to a child or young person's safety, we may need to share information without consent.

You are able to withdraw or amend your consent to share at any time. Please inform your Assessment and Review Officer (ARO) if you wish to do this.

The small print is important!

Ensure the parent or young person understands that the information contained in this submission will be read by those involved now and any potential settings in the future.

Information sharing

I have been made aware that North Yorkshire County Council will share personal information from my child's assessment / review, Education, Health and Care Plan or Statement with other professionals and with contracted external organisations to help meet my child or young person's future education and support needs. This includes the professionals who were involved in the original assessment or review.

Please indicate which services you are willing for us to share information with by ticking or crossing below (even if not currently involved).

Please note that refusing to share information with professionals involved in providing services to your child may limit North Yorkshire County Council's ability to provide an effective service and could delay the request for Statutory Assessment.

| Role | ✓ or ✗ |
|---|--------|
| Head Teacher or Principal of the current Nursery, School or College | [] |
| Head Teacher or Principal of the future Nursery, School or College | [] |
| Educational Psychologist | [] |
| Inclusive Education Service (including EMS or PRS) | [] |
| General Practitioner | [] |
| Consultant Paediatrician | [] |
| Speech and Language Therapist (SALT) | [] |
| Occupational Therapist (OT) | [] |
| Physiotherapist | [] |
| Child and Adolescent Mental Health Services (CAMHS) | [] |
| Social Worker / Social Services | [] |
| SEN Transport (as applicable) | [] |
| Parent/Carer (if over 16) | [] |

Each of these must be completed either with a tick or a cross. This is to comply with the new GDP Regulations. Even if the agency is not currently involved we may need consent to involve them.

This must be signed by parents if for a child is over the age of 16 (or a young person assessed as lacking capacity).

This should be signed by the young person if they are over the age of 16.

I agree to this request to North Yorkshire County Council to share information with other professionals and with contracted external organisations to help meet my child or young person's future education and support needs. This MUST be completed and signed by me and my child/young person if they are over the age of 16. I have read and understood the information provided with this EHCAR.

Child/young person's name _____

Signature (if over 16) _____

Date: _____

Parent/carer's name _____

Signature _____

Date: _____