**EDUCATION, HEALTH and CARE NEEDS ASSESSMENT**

**PROFESSIONAL ADVICE FROM EDUCATION SERVICES**

The Local Authority is seeking information and relevant advice as part of an Education, Health and Care Needs Assessment. This information is sought in accordance with the Children and Families Act 2014.

|  |  |
| --- | --- |
| **NAME OF SERVICE PROVIDING ADVICE:** |  |

**ADVICE GIVER’S DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Service:** |  |
| **Job title:** |  | **Telephone no.** |  |
| **Workplace address:** |  | **Email address:**  |  |
| **Qualifications:** |  | **Date of Advice:** |  |
| **Registration/HCPC No\*:** |  | **Signature:** |  |

\*where applicable

**REASON ADVICE IS BEING PROVIDED:**

☐ EHC Needs Assessment ☐ Review of EHC Plan ☐ Re-assessment

**Date Advice Due:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE ENSURE THIS ADVICE IS WORD PROCESSED, NOT HANDWRITTEN.**

**Handwritten copies will be returned.**

**Part 1: CHILD/YOUNG PERSON’S DETAILS – *prepopulated: please check details and amend if needed for your service and / or update your own records with this information***

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename:** |  | **Surname:** |  |
| **Home address:** |  |
| **Home borough:** |  | **Gender:** |  |
| **Date of Birth:** |  | **Age:** |  |
| **Ethnicity:** |  | **Religion:** |  |
| **Languages spoken at home:** |  |  |  |
| **Is interpretation required?** | Yes / No | **Language:** |  |
| **Child Looked After (CLA)** | Yes / No | **Child in Need (CiN)** | Yes / No |
| **Child Protection (CP)** | Yes / No | **Early Help (EH)** | Yes / No |
|  |
| **Name of Parent/Carer:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email address:** |  |
|  |
| **Name of Parent/Carer:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email address:** |  |
|  |

|  |  |
| --- | --- |
| **Name of Educational Setting:** |  |
| **Setting Address:** |  |
| **Year Group at time of assessment:** |  | **Unique Pupil Number:** |  |
|  |
| **Name of GP Surgery:** |  | **NHS Number:** |  |
| **Address of GP Surgery:** |  | **CCG:** |  |

**Part 2: SOURCES OF INFORMATION**

It is important to state the information that has been gathered to form the basis of this advice and in particular to justify your findings. Please list all of the sources of information used in preparing the advice:

|  |
| --- |
| **Please give details of your involvement and the impact of your service on the child / young person’s development (name of practitioner, date of involvement, type of involvement, description of evidence).** |
|  |
|
|

**Part 3: SUMMARY OF EDUCATION NEEDS AND CURRENT PROVISION**

When completing your advice, please

* complete from the perspective of your own service / area of expertise
* separate the child/young person’s voice from that of the parent/carer
* include your hypotheses and the summary of your professional conclusions

|  |
| --- |
| **BACKGROUND if not already provided in All about Me and/or as part of the Request for EHCNA** |
|  |

|  |
| --- |
| **PARENTAL ASPIRATIONS (if known)** |
| These should be longer term, and consider the Preparation for Adulthood outcomes (employment, independent living, community inclusion, being healthy) where appropriate  |

|  |
| --- |
| **VIEWS AND ASPIRATIONS OF THE CHILD / YOUNG PERSON (if known)** |
| These should be longer term, and consider the Preparation for Adulthood outcomes (employment, independent living, community inclusion, being healthy) where appropriate  |

**Cognition and Learning**

|  |
| --- |
| **Strengths:**  |
| **Identified need** | **Impact on learning**  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Communication and Interaction**

|  |
| --- |
| **Strengths:**  |
| **Identified need** | **Impact on learning**  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Social, Emotional and Mental Health**

|  |
| --- |
| **Strengths:** |
| **Identified need** | **Impact on learning** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Sensory and/or Physical Needs**

|  |
| --- |
| **Strengths:**  |
| **Identified need** | **Impact on learning** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Formulation of needs (incl. summary of strengths and needs and a holistic portrayal of barriers to learning)** |
|  |
|
|

**Part 4: OUTCOMES**

An outcome is described as “**the benefit or difference made to an individual as a result of an intervention**”. What outcomes are you / your service intending to bring about through your interventions?,

*Preparation for Adulthood (PfA) outcomes are:*

1. *Progression to further / higher education and/or employment*
2. *Independent Living and Housing*
3. *Friendships, relationships and being part of my community*
4. *Being as healthy as possible in adult life*

|  |  |  |
| --- | --- | --- |
| **Outcome 1:**  |  | **Which PfA Outcome does this relate to?** |
| **Steps towards the outcome:** |  |  |

|  |  |  |
| --- | --- | --- |
| **Outcome 2:**  |  | **Which PfA Outcome does this relate to?** |
| **Steps towards the outcome:** |  |  |

|  |  |  |
| --- | --- | --- |
| **Outcome 3:**  |  | **Which PfA Outcome does this relate to?** |
| **Steps towards the outcome:** |  |  |

|  |  |  |
| --- | --- | --- |
| **Outcome 4:**  |  | **Which PfA Outcome does this relate to?** |
| **Steps towards the outcome:** |  |  |

\* Duplicate these tables for each outcome as required

**Part 5: PROVISION**

Each intervention needs to be specified and quantified

Cognition and Learning

|  |  |  |
| --- | --- | --- |
| **What support does CYP NAME require and how will this help to achieve their outcomes? *(please differentiate between inclusive practices and specialist provision)*** | **Who is going to provide the support and how often?** | **When will it be reviewed and who will review it?** |
| Inclusive Practice (Quality First Teaching) CYP requiresTargeted/Specialist Provision: CYP requires |  |  |

Communication and Interaction

|  |  |  |
| --- | --- | --- |
| **What support does CYP NAME require and how will this help to achieve their outcomes? *(please differentiate between inclusive practices and specialist provision)*** | **Who is going to provide the support and how often?** | **When will it be reviewed and who will review it?** |
| Inclusive Practice (Quality First Teaching) CYP requiresTargeted/Specialist Provision: CYP requires |  |  |

Social, Emotional and Mental Health

|  |  |  |
| --- | --- | --- |
| **What support does CYP NAME require and how will this help to achieve their outcomes? *(please differentiate between inclusive practices and specialist provision)*** | **Who is going to provide the support and how often?** | **When will it be reviewed and who will review it?** |
| Inclusive Practice (Quality First Teaching) CYP requiresTargeted/Specialist Provision: CYP requires |  |  |

Sensory and/or Physical Difficulties

|  |  |  |
| --- | --- | --- |
| **What support does CYP NAME require and how will this help to achieve their outcomes? *(please differentiate between inclusive practices and specialist provision)*** | **Who is going to provide the support and how often?** | **When will it be reviewed and who will review it?** |
| Inclusive Practice (Quality First Teaching) CYP requiresTargeted/Specialist Provision: CYP requires |  |  |

**Please be aware of your responsibility to**

* **Share/discuss the advice provided with the parent / carer / young person**
* **If your advice is going to be late, to inform the young person / parent / carer and the LA of the reason and the revised submission date**

|  |  |
| --- | --- |
| **Author :**  |  |
| **Print job title:** |  |
| **Signature:** |  |
| **Date:** |  |

**Once completed, please return this advice BY SECURE EMAIL with any other relevant information to** sen.team@cognus.org.uk

It can also be returned by post to the SEN Service, 24 Denmark Road, Carshalton, Sutton, SM5 2JG.

For office use only

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received: |  | Response due by: |  |
| Case Officer:  |  | Panel Date:  |  |