

Early years setting or Provision

Request for statutory education, health and care assessment

**Please note that all the information on this form will be copied to parent/carers and agencies directly involved in the education of the child/young person. (Please ensure you have completed the checklist and all appropriate reports are attached).**

In order for a statutory assessment to be undertaken, the balance of evidence must show that the child/young person’s learning difficulties have not responded to relevant and purposeful measures by the school/setting and external specialists over time, (at least 2-3 cycles of Assess, Plan, Do, Review). The evidence must also show that child/young person’s learning difficulties may call for special education provision which cannot reasonably be provided within the resources normally available (i.e., for **mainstream** Reception classes, provision that costs over £6k per annum).

|  |  |  |  |
| --- | --- | --- | --- |
| CHILD’S DETAILS | | | |
| **Surname:** | | **First Name(s):**  **(Known As):** | |
| **Date of Birth:** | | **Gender:** Male/Female | |
| **Year Group:** | | **UPN:**  **NHS no:**  **Social Care no:** | |
| **Ethnicity:** | |
| **PARENT/CARER DETAILS** | | | |
| **Names of parents/carers with parental responsibility for the child/young person:** | | | |
| **Home Address:** | | | |
| **Postcode:** | | | **Telephone:** |
| **Home Language:** | | | **Is an interpreter required:** Yes/No |
| **OTHER ADULTS WITH RESPONSIBILITY FOR THE CHILD/YOUNG PERSON** | | | |
| **Is the child in care? (CIC)** Yes/No (If Yes, please give details) | | | |
| **Name:** | | | |
| **Address:** |  | | |
| **Postcode:** | **Telephone:** | | |
| **CURRENT PROVISION** | | | |
| **Name of setting/school:** | | | **Admission Date:** |
| **Address:** | | | |
| **Postcode:** | | | **Telephone:** |
| **Is the child in receipt of Funded Early Learning for 2, 3 or 4 Year Olds?** | | | **Yes/No** |
| **Does the child currently access Early Years Inclusion Funding?** | | | **Yes/No**  **Start date:** |
| **Previous setting/schools attended (if any):** | | | |
|  | | | |

**Child’s attendance at Early Years Provision (*please provide details of times attended*)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |
| **For children in receipt of Funded Early Learning** | | | YES  *Please tick* | NO  *Please tick* |
| Does the child receive their funded early learning via a stretched offer (i.e. more than 38 weeks per year)? | | |  |  |
| If yes, please give details: | | | | |
| **For children in receipt of Funded Early Learning** | | | YES  *Please tick* | NO  *Please tick* |
| Does the child attend any other early years setting? | | |  |  |
| If yes, please give details: | | | | |

**Learning Environment (please indicate)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Age** | **0-2 years** | **2-3 years** | **3-4 years** |
| Number of children in the child’s room |  |  |  |
| Number of children in the setting |  |  |  |
| Number of children who are the subject of an Education, Health and Care Plan |  |  |  |
| Number of children currently undergoing statutory assessment |  |  |  |
| Number of staff routinely in this room |  |  |  |
| Number of staff funded by the LA (1:1, Early Years Inclusion Funding) |  |  |  |

**Details of involvement of external agencies:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency** | **Name** | **Level of support**  **e.g., 1to 1 for 1 hour** | **Frequency**  **e.g.: 1 x per**  **month** | **Date of most recent involvement** |
| Paediatrician |  |  |  |  |
| Health Visitor |  |  |  |  |
| Physiotherapist |  |  |  |  |
| Occupational Therapist |  |  |  |  |
| Child Development Centre |  |  |  |  |
| Educational Psychologist |  |  |  |  |
| Speech and Language Therapist |  |  |  |  |
| Specialist Teacher: Behaviour Support,  Language |  |  |  |  |
| Sensory Consortium/  Teacher: (PD,VI and HI) |  |  |  |  |
| Early Year’s Service |  |  |  |  |
| Portage/ Pre-School Advisory service |  |  |  |  |
| Social Care Service |  |  |  |  |
| Parenting Practitioner |  |  |  |  |
| Other |  |  |  |  |

**Special Educational Needs**

|  |
| --- |
| **Identified area(s) of difficulty:** *Please tick the box(s) below to indicate the main area(s) of the child/young person’s difficulties with reference to the four areas as identified in the Code of Practice 2014:*  Communication and Interaction Social, Emotional and Mental Health  Cognition and Learning Sensory and/or Physical |

|  |  |
| --- | --- |
| **Date SEN Support started** |  |

|  |
| --- |
| **Please describe the child/young person's strengths, interests, talents and areas of need including any medical diagnosis, if applicable:**  **Strengths**  **Interests/Talents**  **Areas of Need, including any diagnosis** |

**Description of child’s Special Educational Needs**

In each section below, please describe

* the nature and severity of the child/young person's educational needs with reference to the areas identified
* the impact of the child/young person's needs on their learning
* the impact on curriculum access and participation
* the impact on personal and social development; please provide details of other relevant aspects such as social skills, behaviour, self care and confidence

|  |  |
| --- | --- |
| **Communication and Interaction** | **Evidence attached** |
| **Educational Needs:**  **Impact on Learning:**  **Impact on Curriculum Access and Participation:**  **Impact on Personal and Social Development:** |  |
| **Cognition and Learning** | **Evidence attached** |
| **Educational Needs:**  **Impact on Learning:**  **Impact on Curriculum Access and Participation:**  **Impact on Personal and Social Development:** |  |
| **Social, Emotional and Mental Health Difficulties** | **Evidence attached** |
| **Educational Needs:**  **Impact on Learning:**  **Impact on Curriculum Access and Participation:**  **Impact on Personal and Social Development:** |  |
| **Sensory and/or Physical Needs** | **Evidence attached** |
| **Educational Needs:**  **Impact on Learning:**  **Impact on Curriculum Access and Participation:**  **Impact on Personal and Social Development:** |  |

**Early Years Foundation Stage attainment and assessment:** please provide details of attainments and progress over the time of SEN Support: include curriculum details, P levels or similar and records such as tracking data, EYFS Profile data.

*For each aspect of learning, please indicate the child’s chronological age in months at the time of assessment, together with their attainment in line with the relevant age and stage developmental band*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **baseline**  **age in months** | **baseline**  **age & stage band** | **current**  **age in months** | **current**  **age & stage band** |
| **Communication and Language** | Listening and Attention |  |  |  |  |
| Understanding |  |  |  |  |
| Speaking |  |  |  |  |
| **Literacy** | Reading |  |  |  |  |
| Writing |  |  |  |  |
| **Mathematics** | Numbers |  |  |  |  |
| Space, shape and measures |  |  |  |  |
| **Physical Development** | Moving and handling |  |  |  |  |
| Health & self-care |  |  |  |  |
| **Personal, Social and Emotional**  **Development** | Managing feelings and behaviour |  |  |  |  |
| Making relationships |  |  |  |  |
| Self-confidence and self-awareness |  |  |  |  |
| **Understanding the World** | People and Communities |  |  |  |  |
| The World |  |  |  |  |
| Technology |  |  |  |  |
| **Expressive Arts and Design** | Exploring and using media and materials |  |  |  |  |
| Being Imaginative |  |  |  |  |

**Special Educational Needs Support: additional provision to meet the needs of the child**

|  |  |
| --- | --- |
| Please give details of the additional provision that has been put into place to promote the inclusion of the child in the early years setting by describing the **‘Assess, Plan, Do, Review’** cycle and how this has been revisited and built upon over time in order to identify, assess and address needs.  This could involve differentiated learning materials and/or activities and resources, specialist equipment, staff development and/or training, specialist CPD. | **Evidence attached** |
| **Assess**  **Plan**  **Do**  **Review** |  |

|  |  |
| --- | --- |
| **Please attach costed provision maps or describe how the EYFS setting/school has utilised its resources to make provision.**  *For* ***maintained*** *Early Years settings, this must clearly show purposeful, evidence based provision costing at least the* ***£6000*** *threshold from the notional SEN budget. Settings may also wish to show provision provided from other funding streams, e.g., Early Years Inclusion Funding.* | **Evidence attached** |
|  |  |

|  |
| --- |
| **Describe why a statutory assessment will support the planning and provision to meet the child’s special educational needs:** |
|  |

|  |  |
| --- | --- |
| **Looking ahead what are the desired medium and longer term outcomes.** | **Evidence attached** |
| **Medium Term Outcomes:**  **Longer Term Outcomes:** |  |

|  |  |
| --- | --- |
| **Describe the steps required to achieve the desired outcomes.** | **Evidence attached** |
|  |  |

|  |
| --- |
| **Child/young person’s views:**  Please attach a one page profile and where possible this section should be completed and signed by the child/young person. |
| **Child/ young person .....................................Signature...................................Date................** |

|  |
| --- |
| **Parent/Carer’s Views:**  Please summarise parent/carer's views on the earlier stages of assessment and the action and support taken to date. This section to be completed and signed by the parent/carer. |
| **Earlier stages of assessment**  **Action and support taken to date**  **Parent/Carer Name ......................................Signature...................................Date.............** |

CHECKLIST:

|  |  |
| --- | --- |
| **It is essential that you provide the following:** | **Tick if enclosed** |
| Evidence of the child’s (attainment and progress) compared to norms, peers from the same start point or expectations of the child. |  |
| Evidence of the involvement and views of Early Help support and /or external agencies including, where applicable: Educational Psychologist Service, Educational Welfare and Attendance Service, Health Authority and Social Services Department  Include copies of reports or minutes of review meetings held at various stages over the past year,/18 months where appropriate |  |
| Copies of reviewed individual planning for the child / young person over the past year,/18 months.  Include examples of curriculum planning where appropriate. |  |
| Copies of detailed and costed provision maps for the past year /18 months or details of the use of other funding streams e.g., Early Years Inclusion Funding. |  |
| Evidence of involvement of parents and any written comments |  |
| Evidence of involvement of the child and any written comments |  |
| Dated and annotated example of child / young person’s work, where appropriate (a maximum of 2) |  |
| A signed copy of the parental agreement form to share information |  |
| Please make sure this form is signed and dated by yourself and parents/carers/young person |  |

**To be signed by Headteacher / Teacher in Charge/Setting Manager**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: (Block CAPITALS)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SBC - black with new strapline_2018

# PARENTAL AGREEMENT TO STATUTORY REQUEST TO ASSESS AND TO SHARE INFORMATION BETWEEN PARTNER AGENCIES

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child/young person's details** | | | | | | |
| Name |  | | Date of Birth | |  | |
| Current School/ Setting |  | | | | | |
| I agree to ............................. requesting a Statutory Assessment and if the LA agree to begin a Statutory Assessment of my child/for me , I agree to a Medical Examination if required and an Assessment by professionals supporting my child/me. I also agree for information relating to the assessment of my child/me, to be shared with all Service’s & partner agencies.  Examinations and assessments are required as part of the Statutory Assessment process for special educational needs under Part 3 of the Children and Families Act 2014. | | | | | | |
| Parent//Carer or Young person's Name  (In BLOCK CAPITALS) | |  | | | | |
| Signed | |  | | Date | |  |
| *By signing this document you are agreeing to the sharing, of any information obtained, with all service’s & partner agencies.* | | | | | | |

**Data Protection:**

Under the Data Protection Act 2018, we are required to gain your permission to keep personal details for you and your children on our database. Slough Borough Council and its agents may share this information with government and local authority departments and other authorised organisations for administrative, statistical and research purposes.  For further information please visit: <http://www.slough.gov.uk/council/data-protection-and-foi/privacy-notices.aspx>

Completing this form and signing it gives us your informed consent. If you are unable to access the provided links or wish to submit a query in relation to fair processing, please contact the data protection officer at [DataProtectionOfficer@slough.gov.uk](mailto:DataProtectionOfficer@slough.gov.uk)