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).**

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| **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 and external specialists over a significant period of time, **(at least 2-3 cycles of Assess, Plan, Do, Review)** * The child/young person’s learning difficulties may call for special education provision which cannot reasonably be provided within the resources normally available to mainstream settings, i.e., provision that costs **over £6k per annum**. |

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| CHILD’S DETAILS | | | |
| **Surname** | | **First Name(s):**  **(Known As):** | |
| **Date of Birth:** | | **Gender:** Male/Female | |
| **Year group/Course** | | **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:** | |
| **Previous setting/schools attended (if any):** | | | |
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**Details of involvement of external agencies:**

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

**Special Educational Needs**

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| **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 |

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| **Date SEN Support (K) started** |  |

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

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| **Describe the nature and severity of the child/young person's educational needs with reference to the areas identified:** | **Evidence attached** |
| **Communication and Interaction**  **Cognition and Learning**  **Social, Emotional and Mental Health Difficulties**  **Sensory and/Physical Needs**  (delete as required) |  |
| **Describe the impact of the child/young person's needs on their learning:** | **Evidence attached** |
| **Communication and Interaction**  **Cognition and Learning**  **Social, Emotional and Mental Health Difficulties**  **Sensory and/Physical Needs**  (delete as required) |  |
| **Describe the impact on curriculum access and participation:** | **Evidence attached** |
| **Communication and Interaction**  **Cognition and Learning**  **Social, Emotional and Mental Health Difficulties**  **Sensory and/Physical Needs**  (delete as required) |  |
| **Describe the impact on personal and social development; please provide details of other relevant aspects such as social skills, behaviour, self care and confidence.** | **Evidence attached** |
| **Social Skills**  **Behaviour**  **Self Care**  **Confidence** |  |
| **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.** | **Evidence attached** |
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**Special Educational Needs Support:**

Describe the **‘Assess, Plan, Do, Review’** cycle and how has this been revisited and built upon over time in order to identify, assess and address needs. Include school/setting based information, Early Help (or equivalent) and parent and pupil/student involvement.

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| **Describe the priority outcomes and assessment procedures used over time by the school/setting. Please include Early Help and outside/specialist agencies.** | **Evidence attached** |
| **Assess**  **Plan+Do**  **Review** |  |

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| **Describe the use of resources and expertise over time by the school/setting e.g. individual and group support** | **Evidence attached** |
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| **Please attach costed provision maps demonstrating how the school has utilised its resources to make provision. 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.** | |

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| **Describe why a statutory assessment will support the planning and provision to meet the child’s special educational needs:** |
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| **Looking ahead what are the desired medium and longer term outcomes.** | **Evidence attached** |
| **medium term outcomes**  **longer term outcomes** |  |

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| **Describe the steps required to achieve the desired outcomes.** | **Evidence attached** |
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| **Child/Young Person’s views:**  Please attached one page profile and where possible this section should be completed and signed by the child/young person. |
| **Child/ young person .....................................Signature...................................Date................** |

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| **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.............** |

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| **CHECKLIST:** | |
| It is **essential** that you provide the following: | **tick if enclosed** |
| Evidence of the child / young person’s achievements (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 |  |
| Copies of detailed and costed provision maps for the past year /18 months |  |
| Evidence of involvement of parents and any written comments |  |
| Evidence of involvement of the child / young person 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 request form is signed and dated by yourself and parents/carers/young person** |  |

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

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Please send this completed request by post or secure email to: SEND Team, Slough Borough Council, 2ND Floor East, St Martin’s Place, 51 Bath Road, Slough, SL1 3UF.

Email: [sendteam@scstrust.co.uk](mailto:sendteam@scstrust.co.uk) Tel: 01753 787676.

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

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| **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)