**Confidential**

**Statutory advice for Education Health and Care Needs Assessment**

**0 to year 8**

**Child’s Profile**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s name:** |  | **Date of Birth:** |  |
| **Gender:** | **Pronoun:** | **Age:**  |
| **Primary language used at home:**  |  | **Other languages used in the home:**  |  |
| **Ethnicity:** |  | **Religion:** |  |
| **Home Address:** |  |
| **Parent(s)/Carer(s) name(s)**  |  | **Relationship to child:**  |  |
| **Parent/Carer 1. Address if different from above and contact details** |  | **Parent/Carer 2. Address if different from above and contact details** |  |
| **Parent/Carers with parental responsibility** |  |  |
| **Is the child in Care/ looked after (CiC/LAC) by Local Authority? If yes, please state LA**  |  | **Who has parental responsibility if LAC:** |  |
| **Current Education Setting:** |  | **Date started:** |  |
| **Previous Education Placements, if applicable** | **Start Date** | **End Date** |
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| **Sources of Information**  | **Date/s** |
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| **Purpose of Assessment,** |

This report is provided to assist the Hounslow Local Authority in carrying out an Education Health and Care (EHC) needs assessment under the requirements of the Children and Families Act 2014. Its purpose is to provide a psychological perspective to help us to understand the current situation, to identify possible barriers and strengths, and to consider appropriate provision and positive outcomes.

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| **Background information (including Educational Psychology involvement)** |

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| **Child’s views, interests, and aspirations** |
| How I communicate and express my wishes  |
|  |
| Things I like and dislike  |
|  |
| What is going well (strengths)  |
|  |
| What is not going well (difficulties) and what I think I need |
|  |
| What I want my future to look like (include information around future education / employment / living arrangements / friendships etc.)  |
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| **Parent(s)/carer(s) views and aspirations for their child** |

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| **ASSESSMENTS** |

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| **Communication and Interaction** |

**Strengths**

Use of language:

Understanding of language:

Social interaction:

**Special Educational Needs – outline of difficulties and impact it has on their learning.**

Use of language:

Understanding of language:

Social interaction:

|  |
| --- |
| **Cognition and learning**  |

**Strengths**

Attention & Listening:

Academic (Reading Writing and Maths):

[Cognitive abilities]

Perseverance, resilience, confidence with learning:

**Special Educational Needs – outline of difficulties and impact it has on their learning**

Attention & Listening:

Academic (Reading Writing and Maths):

[Cognitive abilities]

Perseverance, resilience, confidence with learning:

|  |
| --- |
| **Social, emotional and mental health** |

**Strengths**

Social communication, friendships and relationships:

Emotional literacy/regulations:

Mental health:

**Special Educational Needs – outline of difficulties and impact it has on their learning**

Social communication, friendships and relationships

Emotional literacy/regulations:

Mental health:

|  |
| --- |
| **Sensory and/or physical development** |

**Strengths**

Gross Motor skills:

Fine Motor Skills:

Sensory Processing:

Independence and self-care (e.g. eating. dressing, toileting, awareness of danger):

**Special Educational Needs – outline of difficulties and impact it has on their learning**

Gross Motor skills:

Fine Motor Skills:

Sensory Processing:

Independence and self-care (e.g. eating. dressing, toileting, awareness of danger):

|  |
| --- |
| **Summary and Psychological perspective** |

**Recommended Outcome(s) and Provision**

*(Please do not recommend specialist provision for a service area for which you are not responsible e.g. therapies)*

|  |  |
| --- | --- |
| **Long terms Outcomes (state by when it is anticipated they will be met)** | **SEN Provision to meet outcome** |
|  **Communication and interaction** | ***Detail the type of intervention, who will deliver it, how often, how long for and who will review it*** |
|  |  |
| **Cognition and learning** | ***Detail the type of intervention, who will deliver it, how often, how long for and who will review it*** |
|  |  |
| **Social, emotional and mental health** | ***Detail the type of intervention, who will deliver it, how often, how long for and who will review it*** |
|  |  |
| **Sensory and/or physical development** | ***Detail the type of intervention, who will deliver it, how often, for how long and who will review it*** |
|  |  |

**Signatories**

Has the report been discussed with the Parent / Carer?

*(Please provide details e.g. meeting date, date of telephone conversation and any comments)*

**Signed:**

**Name:**

**Designation/Job title:**

**Date:**

**Copy to:**

Parents

EHC Officer ………………………………………EHC & Review Team

Education Setting:

*Nb. This Educational Psychology Advice has been commissioned by the London Borough of Hounslow Special Educational Needs and Disability Assessment and Review Team as part of X’s Education, Health and Care Needs assessment.* *Unfortunately, it will not be possible to enter into correspondence about the content of the report, except in the case of factual errors, in which case contact should be made with the Assessment and Review team who will refer it to the Educational Psychologist for consideration.*