

Special Educational Needs Team
 London Borough of Hounslow
 Hounslow House, 7 Bath Road, TW3 3EB
 Tel: 020 8583 2672
 Email: SEN@hounslow.gov.uk

Request for Statutory Assessment & Part B Advice

Education Settings

Child or Young Person's Name

Date of birth: dd/mm/yyyy

Photograph, drawing or other contribution from the Child
 or Young Person
(chosen by them, not for them)

Contents

Contents	
Section 1	Provider details
Section 2	Child or Young Person's details
Section 3	Summary of person-centred engagement
Section 4	Background
Section 5	Attainment Levels, Strengths, and Special Educational Needs
Section 6	Health needs
Section 7	Social care needs
Section 8	SEN Support
Section 9	Extra help suggested to achieve key education or learning outcomes
Section 10	Involvement form
Section 11	Checklist and Names

Section 1: Provider Details

Education Establishment name:	
Address and Postcode:	
Contact details:	Phone: Email:

Section 2: Child or Young Person's Information

a) Child or Young Person's details			
Home Address and postcode:			
Young Person's own contact details, if appropriate:	Mobile: Email:		
Which borough Council Tax is paid to:	<i>e.g. Hounslow</i>		
Primary Language used at home:		Other Languages used at home:	
Preferred method of communication:		Gender:	
Religion:		Ethnicity:	<i>Select from list</i>

b) Parent / Carer's Details			
Parent / Carer 1 Name:		Relationship to Child/ Young Person	
Address if different from Child/Young Person:			
Parent / Carer 1 contact details:	Home phone: Mobile: Email:		
Parent / Carer 2 Name:		Relationship to Child/ Young Person	
Address if different from Child/Young Person:			
Parent / Carer 2 contact details:	Home phone: Mobile: Email:		
Parental responsibility lies with:			
Parent/s' access & communication requirements:	<i>e.g. Interpreter required, translation of documents, advocate, scribe, BSL signer, large print materials, wheelchair accessible etc.</i>		

c) Health Information			
Name of GP Practice:		GP Contact No.	

GP Address:		CCG, if known: (Clinical Commissioning Group)	
--------------------	--	---	--

d) Social care information			
Has there been an Early Help Assessment?	Y/N	If yes, date:	
Is the Child/Young Person looked after (LAC) or a care leaver?	Y/N	If yes, Local Authority responsible	<i>e.g. Hounslow</i>
Is there currently an allocated worker in social care?	Y/N	Name, Team and Contact Details:	Name: Phone number: Email:

e) Background and other information			
Setting history with dates, if applicable	<i>e.g. Parrot Primary 2015, Robin Secondary to date</i>		
Medical diagnoses or known disabilities		Dates:	
Prescription medicines taken (please specify)		Dates:	

Section 3. Summary of person-centred engagement	
How did parents participate in this request?	<i>e.g. person-centred meeting Jan 18 attended by Mum, class teacher, TA and speech language therapist. Phone call 24/2/18.</i>
How did the Child/Young Person participate in this request?	<i>e.g. meeting with Child or Young Person 18/10/18.</i>

Person-Centred Meeting Information

Please see the person-centred guidance materials and simple tools available on the Hounslow Local Offer. This should be jointly prepared with parents and children/young people, if possible.

Please hold at least one **person-centred** meeting with parents, the child or young person if they wish to join in, education staff who work closely with the them, and others involved from education, health or social care.

Meetings start with introductions, purpose and ground rules. A photograph of the Child or Young Person may be put in the middle or on the wall.



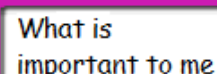
3.1 Like and Admire

Everyone in turn says what they like and admire about the Child or Young Person. This may include strengths, personal milestones and achievements, interests and personal qualities (e.g. kind, fun-loving, determined).

Like, admire, strengths, achievements and interests For young people, things I can build on to achieve my aspirations
Summary of discussions: • •

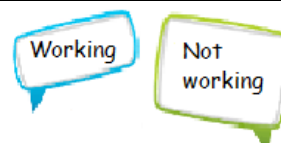
3.2 What is important to and what is important for the child or young person

Support the child or young person to communicate what is important to them. You could use a profile/'About Me' document (example below) or pictures/video. You can bring along simple photos from a chat with the child or young person about their life but check that they are happy for the photos to be shared. Parents share what they think is important. Offer support as necessary from interpreters, SENDIASS etc.



What is
important to me

<p>What is important For young people, key priorities and steps needed to achieve aspirations</p>
<p>Summary of discussions:</p> <ul style="list-style-type: none"> • •



3.3 What is working now and what needs changing

Where the child or young person has been successful and made progress, what has helped? What are the real barriers to progress? Consider report available from professionals involved (parents should already have copies of these).

Building on success, outcomes that, if achieved, could make a real difference to the Child or Young Person's life
For young people, steps that will help me to make progress towards my aspirations

<p>Summary of discussions:</p> <ul style="list-style-type: none"> • •



Outcomes
and
Provision

3.4 Action planning

Everyone to agree what is needed for the child or young person to make progress including both the support and the outcomes that this will achieve. The outcomes should be things that will make a real difference to the Child or Young Person.

<p>Actions - support needed so that I can achieve the outcomes above This should then be used to populate Section 9 below</p>	
<p>Summary:</p> <ul style="list-style-type: none"> • • 	<p>Date:</p>

Please note that if parents are unable to take part in the process, a person-centred meeting should still take place and follow this agenda. Focus on the child or young person's positive qualities, things that work well for them, their main barriers to progress and key outcomes **from the Child or Young Person's perspective**.

It might be helpful to record the above visually – on sheets of paper stuck on the wall, on a flipchart etc.

Please complete table below for year 9s and above and but these categories should be considered at all ages.

You can incorporate the summary of your discussions **just** in this table below for post 16 young people, if this works best for them. Discuss their adulthood goals and then consider the things that will work well to help them to achieve these, the key outcomes that need to be achieved, and any actions necessary.

Aspirations – long term vision and key goals for adult life
Independence (self-care, travel, housing, money, cooking, communication, seeking help, control & choice) •
Preparing for employment (skills, qualifications, work preparation & readiness, productive daily activities) •
Participating in society (voting, going to community events, leisure activities, friends & support networks) •
Health (healthy diet, exercise, access to health care/checks, self-medication, mental health, long-term health) •

Documents at attach, if available

- Career Plan - all young people have a right to individual career guidance and planning in school/college
- Pathway Plan - care leavers
- Transition Plan - young people moving from children to adult social care services at 18
- Health Transition Plan - young people expected to need adult Continuing Health Care services or a managed transition or referral to adult health services

PARENTS and young people do not need to complete the Part A form that will sent to them by the Local Authority if the information above is a complete and accurate reflection of their views. They can simply let the Local Authority SEN Case Officer know.

Section 4. SEN Background (optional)

Section 5. Attainment Levels, Strengths and Special Educational Needs

PRE-SCHOOL AND FOUNDATION

if child attends an Early Years Setting

Current date:		Chronological age:	
Area of development	Current level of functioning in months	Beginning, Developing or Secure (B, D, S)	Description of strengths, needs and impact (& tool used e.g. Portage checklist, Schedule of Growing Skills)
Personal, Social & Emotional – Making relationships – Self-confidence & Self-awareness – Managing Feelings & Behaviour			Strengths, needs, impact on the child
Communication and Language – Listening & Attention – Understanding – Speaking			Strengths, needs, impact on the child
Physical – Moving & Handling – Health & Self-care			Strengths, needs, impact on the child
Literacy – Reading – Writing			Strengths, needs, impact on the child
Mathematics – Numbers – Space, shape & measure			Strengths, needs, impact on the child

RECEPTION TO YEAR 9

if child is being taught in these year groups

Assessed date:	Chronological age:	
Communication and Interaction	Strengths, needs, impact on the Child or Young Person	
Cognition and Learning	Strengths, needs, impact on the Child or Young Person	
	Current level / age at which Child or Young Person is functioning (if appropriate) Reading: Writing: Maths:	
Social, Emotional and Mental Health	Strengths, needs, impact on the Child or Young Person	
Sensory and/or Physical	Strengths, needs, impact on the Child or Young Person	

PREPARATION FOR ADULTHOOD

for children and young people taught in year 10 upwards

Assessed date:	Chronological age:	
Independence	Strengths, needs, impact on the child	
Preparing for employment	Strengths, needs, impact on the child	
	Current RQF Levels (Entry Level 1,2, or 3, GCSE, Level 1,2 or 3, AS/A Level) English: Maths: Others, as appropriate:	Expected working level for next key stage or year English: Maths: Others, as appropriate:
Participating in society	Strengths, needs, impact on the child	
Health	Strengths, needs, impact on the child	

Section 6. Health needs

Section 7. Social Care needs

Section 8. SEN Support – cycles of intervention, impact and cost

Please refer to an attached provision map, if this answers the questions below

1. History of intervention: clear evidence of an **assess, plan, do, review** approach unless this is an exceptional case
2. Impact of professional recommendations: interventions recommended by other professionals such as an educational psychologist, physio, occupational or speech & language therapist, mental health services, their impact, dates
3. Reasonable adjustments: impact of these, dates
4. Current provision with costs: a provision map may be attached with a cost breakdown and total cost of current support provided under SEN Support/Element 2

Section 9. Extra Help Suggested (to achieve key education or learning outcomes)

Suggested Education Outcomes <i>refer to section 3 above</i>	Recommended support required to deliver outcomes <i>refer to action plan in section 3</i>	Amount, how often and by whom
Communication and Interaction / Pathways to Employment		
a)	• <i>CURRENT Reasonable Adjustments or additional Support (or refer to Section 8)</i>	<i>e.g. School staff, daily e.g. SALT & TA as per provision map</i>

	<ul style="list-style-type: none"> • <i>Extra help required via an EHCP to achieve this outcome</i> 	<i>e.g. Trained TA, 3 hrs. per day</i> <i>e.g. additional therapeutic intervention</i> <i>(make sure there is an open referral)</i>
Cognition and Learning / Independence		
b)		
Social Emotional and Mental Health / Participation in Society		
c)		
Sensory and/or Physical / Health		
d)		
Suggested Health Outcomes	Health	
	Additional health support suggested to deliver outcomes refer to action plan in section 3	Amount, how often and by whom
e)	<ul style="list-style-type: none"> • <i>Reasonable Adjustments, Universal or Targeted Health services (e.g. Hospital, GP)</i> • <i>Current interventions in setting recommended by NHS professionals</i> • <i>Current individual NHS package e.g. physio, continuing care</i> • <i>Additional health support recommended</i> 	
Suggested Social Care Outcomes	Social Care	
	Additional social care support suggested to deliver outcomes refer to action plan in section 3	Amount, how often and by whom
f)	<ul style="list-style-type: none"> • <i>Universal or Targeted leisure activities currently accessed e.g. via the Local Offer</i> • <i>Additional social care support suggested or reasons for a request for a social care assessment (please attach any existing assessments or care plans)</i> 	

Section 10. Involvement Form

Complete this with parents, if possible. They do not need to complete it again when they receive their acknowledgement letter from the Local Authority.

Type of Involvement	Name of Professional	Address	Contact details (email & phone)
Educational Psychology			
SENSS (Specialist Advisory Service for visual impairments, hearing impairments, physical disabilities and complex medical conditions)			
Paediatrician (Child or Young Person Development Team)			
Speech and Language Therapy (there should be an open referral from school/setting if SEN may need to obtain advice as part of a statutory assessment)			
Physiotherapy			
Occupational Therapy			
Children's Community Nursing			
CAMHS (Child or Young Person & Adolescent Mental Health Service) or an Adult Mental Health Service			
Adult mental health service			
Audiology			
Ophthalmology			
Dietician			
Continence Nurse			
Specialist Doctor / Consultant or Hospital Service			

Looked After Child (LAC) / Adult Social Care health team			
Virtual School / College			
Portage			
Specialist nursery			
Children's centre			
Social Care or Early Help			
Adoption Team (in social care)			
Behaviour Support Team			
Youth Offending Service			
Other (please specify)			

Other information (please add an additional sheet as needed).

Please tell us about any services that the child or young person has been discharged from in the last 12 months

Section 11. Checklist and Names

The child/young person and their parents have co-produced this information if possible and the purpose of this application has been explained to them	<input type="checkbox"/>
The child/young person and their parents understand that their child/young person's personal data will be shared with the Local Authority and any statutory agencies who may need to assess them (e.g. Paediatrician, Social Care, Educational Psychology Service, Sensory Specialist Service)	<input type="checkbox"/>
Parents are aware of statutory timescales including the possibility of a refusal to assess or refusal to issue an Education, Health & Care Plan (EHCP): a handout is provided below	<input type="checkbox"/>

Parents are aware of the basic content and purpose of an EHCP: a handout is provided below	<input type="checkbox"/>
Parents have been informed about the SENDIASS Service, the Hounslow Parent Forum, and signposted to additional information available for parents on Hounslow's Local Offer (www.hounslow.gov.uk/localoffer)	<input type="checkbox"/>
You have attached a provision map, individual learning plan, and all available care plans, care assessments, health plans, and professional reports	<input type="checkbox"/>
<p>Name of parent/carer 1 who has been engaged in this process (capitals): Relationship to the child or young person:</p> <p>Name of parent/carer 2 who has been engaged in this process (capitals): Relationship to the child or young person:</p> <p>Name of person completing this form: Role of person completing this form:</p> <p>Date:</p> <p>Please return this form securely encrypted to the SEN case officer or to sen@hounslow.gov.uk. Privacy statement for s can be found on the school / Hounslow Council websites and explain how personal data is used and protected, and the subject's data protection rights</p>	

Authorisations (Please note that EHC needs request will not be accepted without parent/carers/young person's signed agreement)
Headteacher/ Manager / Principal:

I confirm that, having followed the procedures outlined in the Code of Practice, the setting is making this request for EHC Needs Assessment. I have enclosed evidence of Consultations, Records of Involvement from relevant professionals and have gained parental consent to share these along with evidence of graduated response.			
Headteacher/ Manager / Principal:	Name (BLOCK CAPITALS):	Signature:	Date:
Parent/carers/young people Agreement to share information between partner agencies: (EHC needs request will not be accepted by the Council without parent/carers'/young person's signed agreement below)			
I consent to this information being used as a request for, or a contribution to, an EHC Needs Assessment. I consent to appropriate agencies including Education Services, the Health Service and Social Care, sharing and discussing relevant information relating to my child. I confirm consent to psychological and medical and care reports being obtained for my child if the EHC needs Assessment is agreed to proceed to assess.			
Hounslow Council will process your personal information in accordance with the data protection 2018 and General Data Protection Regulation (GDPR). Privacy statement for s can be found on the school / Hounslow Council websites and explain how personal data is used and protected, and the subject's data protection rights. https://www.hounslow.gov.uk/info/20110/open_data_and_information_requests/1368/privacy_notice/10			
Young Person:(a young person over the age of 16 but under the age of 25).	Signature:		Date:
Parents /Carers:	Signature:		Date:
Name, signature, and designation of the person submitting this request			Date

Please return this form **securely encrypted** to the SEN case officer or to sen@hounslow.gov.uk.

Places to learn

Favourite subject...

What *Child or Young Person's name* is good at...

What *Child or Young Person's name* needs to improve at...

What *Child or Young Person's name's* teachers think is good about them...

About...

Child or Young Person's name:

***Child or Young Person's name's* school/nursery:**

***Child or Young Person's name's* age:**

Where *Child or Young Person's name* lives:

Goals for the future

***Child or Young Person's name* is aiming to...**

***Child or Young Person's name* needs to...**

The help *Child or Young Person's name* needs to achieve goals...

People who need to support *Child or Young Person's name*...

This is me

Pick some colours...Choose a font...Find a picture

Their World

Things *Child or Young Person's name* likes best...

Things that are really important to *Child or Young Person's name* ...

What *Child or Young Person's name* would like to do more of or get involved in...

What *Child or Young Person's name* finds hard...

Family and friends

***Child or Young Person's name's* family is...**

***Child or Young Person's name's* friends are...**

People or things that are most important are...

Their wishes

Things *Child or Young Person's name* would like to do...

Hopes...

Dreams...

Anything else...