

**Family Conversation**

**Request for Education, Health and Care (EHC) Needs Assessment**

**For (name)**

| Photo or self-portrait (optional) |
| --- |

**General information and guidance**

The vast majority of Children and Young have their needs met in local schools\*[[1]](#footnote-1) without additional funding being allocated. Most pupil’s needs can be met by good teaching where school leaders believe in an inclusive approach.

Even where teaching is good, a minority of pupils will be identified as having special educational needs (SEN) in line with the definition in the special educational needs and disability (SEND) Code of Practice, 2015 (<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf>). These pupils will be described as ‘SEN Support’ and the school or setting must inform parents. It is expected that schools will use a process of Assess-Plan-Do-Review shown in the diagram (as described in the SEND Code of Practice, 2015):

It is expected that schools will repeat this cycle several times, each time with higher levels of support for the pupil before considering the need to request an assessment for EHC Needs. This is known as a graduated response to meeting need. Most pupils with SEN will have their needs met in this way.

Schools must demonstrate that they have funded support for SEND up to the value of £6,000 from their existing school budgets before any additional funding for individual children can be triggered. Only for a minority of those at SEN Support will an EHC Needs assessment be needed. These will be pupils with the most complex or severe needs (approximately 2-3% of the school population).

When a school, parent or other professional requests an EHC Needs assessment, it is expected that the school will complete this ‘Family Conversation’ document alongside parents/carers and the child or young person. This is Herefordshire Council’s ‘request for EHC Needs Assessment’. It can be completed by both parties separately, however, the most successful picture of the child’s strengths and needs is best gained by having all of the people who know the child best in the same room.

A request for EHC Needs Assessment can also be made by a Young Person (aged over 16), foster carers, health and social care professionals, Early Years practitioners, youth offending teams or probation services.

This document is designed for completion electronically, however a printable version is available online at: xxx or can be posted to you on request by contacting the SEN Team on xxxx.

For further information please contact the Special Educational Needs Team on xxx or for impartial information, advice and guidance please contact SENDIAS on xxx.

**Child/Young Person’s details**

| **First name** |  | **Surname** |  |
| --- | --- | --- | --- |
| **Preferred name** |  | **Gender** |  |
| **Date of Birth** |  | **Religion** |  |
| **Ethnicity** |  | **First Language** |  |
| **NHS Number** |  | **Unique Pupil Number (UPN)**  (available from your school) |  |
| **Home Address** |  | | |
| **Name and address of current early years setting/school/college** |  | | |
| **Year Group** |  | | |

**Details of person(s) with parental responsibility** (for example parents, Social Worker or Legal Guardian)

| **First name** |  | **Surname** |  |
| --- | --- | --- | --- |
| **Relationship to child** |  | **Military family?**  If yes, please provide details for Children’s Education Advisory Service | Yes/No |
| **First Language** |  | **Translation required?** | Yes/No |
| **Contact number(s)** |  | **Preferred method of communication** | Letter/email/telephone |
| **Address if different to above** |  | | |
| **Email address** |  | | |

| **First name** |  | **Surname** |  |
| --- | --- | --- | --- |
| **Relationship to child** |  | **Details of shared living arrangements**  (if applicable) |  |
| **First Language** |  | **Translation required?** | Yes/No |
| **Contact number(s)** |  | **Preferred method of communication** | Letter/email/telephone |
| **Address if different to above** |  | | |
| **Email address** |  | | |

**Parent details if different to the above, or other people who are care for me** (such as Foster Carers)

| **First name(s)** |  | **Surname(s)** |  |
| --- | --- | --- | --- |
| **Relationship to child** |  |  |  |
| **First Language** |  | **Translation required?** | Yes/No |
| **Contact number(s)** |  | **Preferred method of communication** | Letter/email/telephone |
| **Address if different to above** |  | | |
| **Email address** |  | | |

**Educational details**

| **School/setting/Electively Home Educated** |  |
| --- | --- |
| **Named contact and contact details** (email and telephone) |  |
| **Attendance** providereasons if applicable |  |
| **Has top up funding been allocated previously?** | Yes/No |

**Social Care details**

| **Voluntary, statutory or legal measures in place** | For example Early Help Assessment (EHA), Child in Need (CiN) or Looked After Child (LAC). Please refer to applicable section of the Care Act if applicable. | | |
| --- | --- | --- | --- |
| **Local Authority responsible** |  | | |
| **Name of Social Worker** (if not stated above) |  | **Social Workers address** |  |
| **Email address** |  | **Contact number** |  |

**Health details**

| **GP’s name** |  | **GP’s address** |  |
| --- | --- | --- | --- |
| **GP’s telephone number** |  |
| **Disabilities, diagnosis or known conditions** | (Please include evidence of diagnosed conditions in the form of letter or report from relevant professional) | | |
| **Current medical treatment** |  | | |
| **Medications** |  | | |

**Other people I need to help me** (for example Speech and Language Therapist, Behaviour Support Team, Paediatrician, Portage, Physiotherapist, EHA Lead Professional etc.)

| **Name** | **Role** | **Why they are important to me** | **Address and email** | **Phone number** |
| --- | --- | --- | --- | --- |
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**Background and reasons for this request**

| **What has being happening up until now?**  This section should include concerns or details of the needs both at home and at school (please state where the concerns are observed, if different) and what has been done to support these previously. | | |
| --- | --- | --- |
|  | | |
| **What support has been put in place?**  Please indicate agency involvement and provide any supporting documents. | | |
| **Professional/Agency Involved** | **Date** | **Report provided?** (please tick) |
| **Educational Psychology** |  |  |
| **Speech and Language Therapy** |  |  |
| **Physiotherapy** |  |  |
| **Health/Paediatrician** (for example diagnosis letters, Multi-Disciplinary Assessments) |  |  |
| **Child and Adolescent Mental Health (CAMHS)** |  |  |
| **Behaviour Support Team** |  |  |
| **Occupational Therapy** |  |  |
| **Intervention Placement** |  |  |
| **Early Years Team** |  |  |
| **Social Care or Early Help** |  |  |
| **Advisory Teachers (HI/VI/EHE)** |  |  |
| **Other** (please state) |  |  |

| **What is the reason for this request, what is hoped would be achieved from an EHC Needs Assessment?** |
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|  |

**Child or Young Persons’ views** (this can be complete on the child’s behalf)

| **What people like about me/my strengths** |  |
| --- | --- |
| **My likes and interests** |  |
| **My hopes, dreams and aspirations** |  |
| **How best to support and communicate with me** |  |
| **Is there anything else you would like us to know?** |  |
| **Completed by Child/Young Person or on their behalf?** (please state who completed) |  |

**My parents or carers views**

| **What I/we like and admire about our child** (e.g. their strengths) |  |
| --- | --- |
| **Our child’s likes and interests** |  |
| **Parent/Carers hopes for their child’s future** |  |
| **What is your main concern?**  (for example, speech and language, behaviour, academic progress) |  |

**Educational needs** in this section, you may want to think about what a good day and a bad day is like both at home and at school and provide details about where any behaviours take place and how frequently.You may wish to include supporting documents with this request.

| **My attainments** please include details of current and previous attainments, making it clear what the Age Related Expectations should be and what progress has been made. The educational setting will have this information. |  |
| --- | --- |
| **Standardised test results** for example,please include any cognitive scores or Speech and Language Therapy Assessments. Reports to be provided. |  |

**Cognition and Learning** things to think about might be: Are they making progress? Is there a particular subject they demonstrate a strength or weakness in (please provide details)? Do they ask for help when experiencing difficulty? How long can they maintain attention independently? Can they recall and apply their skills? Are their play skills age appropriate? Can they transition between activities? Please detail the impact on the child young person’s learning, being as specific as possible.

**Strengths**

**Difficulties**

**Communication and interaction** things to think about in this section might be: can they initiate/maintain a conversation? Can they express their needs successfully and how? Are they developing in the use of speech, signing or PECS, if so how many signs/words? Can they understand and follow instructions? If this is a difficulty, is it due to a speech and language difficulty, attention or single channelled focus for example? Do they make eye contact?

**Strengths**

**Difficulties**

**Social skills, friends, relationships and being part of the community** things to think about in this section might be: can they make and maintain friendships? If not, why is this? Can they share and take turns? Can they work as part of a group?

**Strengths**

**Difficulties**

**Behaviour and emotions** things to think about in this section might be: do they get frustrated? What is the cause of this? How frequent and what does this look like? Do they harm others or themselves? Have they been excluded or attended an intervention placement/Pupil Referral Unit (PRU)? Can they use and apply strategies to identify and manage their emotions?

**Strengths**

**Difficulties**

**Physical skills** things to think about in this section might be: fine and gross motor skills, mobility.

**Strengths**

**Difficulties**

**Sensory needs** things to think about in this section might be: vision, hearing, sensory avoidance or seeking behaviours.

**Strengths**

**Difficulties**

**Independence and personal care** things to think about in this section might be: toileting, organisational skills, dressing.

**Strengths**

**Difficulties**

**Health needs** please detail any health needs

**Graduated approach** what has been put in place already? Please refer to the Graduated Approach document on the Local Offer (<https://www.herefordshire.gov.uk/info/200227/support_for_schools_and_settings/467/teaching_children_with_sen_and_disability>). You may choose to attach a provision map (sometimes referred to as an IEP or IPM)

**Example:**

| **Need**  (as identified above) | **Target/success criteria** | **Intervention/support in place** | **Review- what has the impact been?** | **Costings if appropriate** |
| --- | --- | --- | --- | --- |
| Can only focus for 2 minutes. | They can maintain attention independently for 5 minutes. | Please detail support or interventions. | What progress was made? | Cost of support or resource. Please ensure shared support (for example group interventions, are split). |

| **Need**  (as identified above) | **Target/success criteria** | **Intervention/support in place** | **Review- what has the impact been?** | **Cost**  (NB:TA to be costed at £16.34 per hour including on costs ) |
| --- | --- | --- | --- | --- |
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**What needs to be put in place now?**

| **Need**  (as identified above) | **Target/success criteria** | **Intervention/support** | **Cost** |
| --- | --- | --- | --- |
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**Signatures**

|  | **Name and designation** (e.g. parent/young person/SENCO) | **Signature** | **Date** |
| --- | --- | --- | --- |
| **Person completing this form** |  |  |  |
| **Young Person or Person with Parental Responsibility** |  |  |  |

**I agree to information about my child being gathered from and shared with the following agencies listed below where they are involved with your family. Please tick box if you agree** or identify any teams you do not want information shared with in the table below. You do **not** need to complete the table below if you have ticked the “agree”**.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency/Service** | **Teams within service** | **Consent given to gather**  **information from Yes / No** | **Consent given to share**  **information with Yes / No** |
| Herefordshire Council | Special educational needs/ EHC assessment team |  |  |
| Hearing Impairment Team |  |  |
| Visual Impairment Team |  |  |
| Physical Disability Team |  |  |
| Early Years’ Service |  |  |
| English as an Additional Language |  |  |
| Elective Home Education |  |  |
| Traveller Education |  |  |
| Social Inclusion Team |  |  |
| Post-16 Education and Skills |  |  |
| Virtual School for looked after and previously looked after children |  |  |
| School Admissions |  |  |
| Educational Psychology |  |  |
| School Transport |  |  |
| Independent Travel Training |  |  |
| Portage |  |  |
| Behaviour Support |  |  |
| Hospital and Home Tuition |  |  |
| Safeguarding in Education |  |  |
| Herefordshire Council | Children with Disabilities Social Care Team |  |  |
| Herefordshire Council | Other children’s social care teams |  |  |
| Herefordshire Council | Early Help Team |  |  |
| Wye Valley Trust and Herefordshire Council | Teams at the Child Development Centre (CDC) including paediatricians |  |  |
| Wye Valley Trust | Children’s Therapy Services:  Speech and language therapy |  |  |
| Occupational therapy |  |  |
| Physiotherapy |  |  |
| Specialist and complex nurses (including. diabetes, asthma etc.) |  |  |
| Wye Valley Trust | Other Services at Hereford Hospital, e.g., hearing, vision |  |  |
| Specialist Health Services | Specialist Health Services outside of Herefordshire |  |  |
| Youth Offending Service | Youth Offending Teams |  |  |
| Child and Adolescent Mental Health Service (CAMHS) | Child and Adolescent Mental Health Service (CAMHS) |  |  |
| Herefordshire Council | Adult and Well-being Teams |  |  |
| Schools, colleges and other educational settings | Your child’s current or previous school, college, early years provider or other educational setting |  |  |

**Please state any specific services not listed that you do not want us to gather information from:**

**Please state any specific services not listed that you do not want us to share information with:**

**I give consent for Herefordshire’s Children and Families** **Directorate to conduct educational assessments and to provide support as detailed in relevant educational plans for my child.**

|  |  |
| --- | --- |
| **Parent/carer name** |  |
| **Signature** |  |
| **Date** |  |

**Please send to:**

SEN Team, Herefordshire Council, Plough Lane, Hereford HR4 0LE or ‘Additional Needs and SEN’ on Anycomms.

**Glossary of terms**

**Early Help Assessment:** A social care assessment of a child and his or her family, designed to identify needs at an early stage and enable suitable interventions to be put in place to support the family.

**Graduated approach:** A model of action and intervention in early education settings, schools and colleges to help children and young people who have special educational needs. The approach recognises that there is a continuum of special educational needs and that, where necessary, increasing specialist expertise should be brought to bear on the difficulties that a child or young person may be experiencing.

1. \*Note Where this document refers to schools, the same principles apply to EY settings, colleges and other providers of education up to the age of 25. Similarly, the word ‘pupil’ could be substituted with child, student or young person depending on the context. [↑](#footnote-ref-1)