**Early Years Request for an Education, Health and Care Assessment**

***Please complete this form, including signatures; scan and submit electronically to*** [*sencasework@durham.gov.uk*](mailto:sencasework@durham.gov.uk)

**Personal details (all fields MUST be completed)**

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| **Name of child:** |  | |
| **Date of birth:** |  | **Age in months:** |
| **Address of child:** |  | |
| **Is this a protected address?** | YesNo | |
| **Is the child looked after?** | Yes No | |
| **Is the child adopted or subject to SGO or CAO?** |  | |
| **Name of parent/carer:** |  | |
| **Address if different to above:** |  | |
| **Parent/carer telephone number:** |  | |
| **Parent/carer email address (preferable):** |  | |
| **Current setting:** | **Name of education provider:** | |

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| **As well as this fully completed request form please also include:** |  |
| The previous 2 reviewed SEN Support Plans and the current SEN Support Plan demonstrating all relevant and purposeful provision. |  |
| Up to date Costed Provision Map (**Reception only**) |  |
| Relevant Professional reports-(within the last 3 years)- that underpin current SEN and provision |  |
| Optional: My Story, individual timetable |  |

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| **Signed (referrer):** |  | **Date:** |  |
| **Name of referrer:** |  | **Role of referrer:** |  |

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| **Signed: Head Teacher/Manager:** |  | **Date:** |  |
| **Full name of Head Teacher/Manager:** |  | | |

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| **Assessment information** | **On Entry/Last Review** | **Current EYFS age/Stage Bands** |
| **Area of Learning and Development** | **Date** | **Date** |

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| **Communication and Language:**   * Listening and attention * Understanding * Speaking |  |  |
| **Physical development:**   * Moving and handling * Health and self-care |  |  |
| **Personal, Social and Emotional:**   * Self-confidence and self-awareness * Managing feelings and behaviour * Making relationships |  |  |
| **Literacy:**   * Reading * Writing |  |  |
| **Maths:**   * Numbers * Shape, space and measures |  |  |
| **Understanding the World:**   * People and communities * The World * Technology |  |  |
| **Expressive Arts and Design:**   * Exploring and using media and materials * Being imaginative |  |  |

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| **Does the child/young person have any plans in place to support their needs?** | | | |
| **Individual Health Plan** | Yes  No | **Personal Evacuation Plan** | Yes  No |
| **EY Personal Education Plan** | Yes  No | **Sensory Diet** | Yes  No |
| **Other (please specify)** | Yes  No | **Moving and Handling** | Yes  No |

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| **Attendance** | | Start date: | | | % attendance: | |
| **Patterns of Attendance (indicate the sessions the child currently accesses)** | | | | | | |
| Monday | Tuesday | | Wednesday | Thursday | | Friday |
| am | am | | am | am | | am |
| pm | pm | | pm | pm | | pm |

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| **Why is the setting seeking an EHC assessment?** |
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| **Information about the child** |
| Tell us what you know about the child:  Tell us about the child’s strengths: |
| Overview of Educational Needs: |
| Chronology of referral/advice received and impact. |
| Details of EY SEN Support Funding/Support including DAF which the setting has received for this child. |
| Overview of Health Needs |
| Overview of Social Care needs |

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| **Needs:** | **Suggested Provision:** | **Frequency, Duration and Group Size:** |
| **Number specific SEN and corresponding provision** | | |
| Cognition and Learning: | 1a. |  |
| Communication and interaction: |  |  |
| Social Emotional and Mental Health: |  |  |
| Physical and Sensory: |  |  |

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| **Desired long term outcomes** |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

**Parent/Carer/Child Views**

If the child can provide views verbally or by other means, please record their views. If not, please record the views of someone who can advocate for the child e.g. parents, carers, social worker

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| **What are the child’s aspirations for now and the future?** |
| Child’s views:  **Now:**  **Future:** |
| Parent/carer views:  **Now:**  **Future:** |
| **Things the child is good at, interested in or enjoys: (‘My Story’ could be attached in lieu)** |
| Child’s views: |
| Parent/carer views: |
| **Things that the child does not like or finds more difficult: (‘My Story’ could be attached in lieu)** |
| Child’s views: |
| Parent/carer views: |

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| **As parents/carers what do you hope an EHCP Assessment will bring?** |
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Durham County Council complies with all relevant statutory obligations.  Personal information processed by the Council will be handled in accordance with the Council’s privacy statement, which can be accessed here <http://www.durham.gov.uk/dataprivacy>

The SEND privacy notice provides more specific information on the data collected and how it is handled, a copy of which can be accessed here <http://www.durham.gov.uk/media/24795/Privacy-notice-special-educational-needs-support/pdf/PrivacyNotice-SpecialEducationalNeedsSupport.pdf>

If you have any concerns about how your data is handled, please contact either the Data Protection Officer at [DPO@durham.gov.uk](mailto:DPO@durham.gov.uk)  or the Information Commissioner’s Office [casework@ico.org.uk](mailto:casework@ico.org.uk).

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| **I/we agree to the**  **request of an EHC**  **assessment:** |  | **Date:** |  |
| **Signed:**  **(parent/carer):** |  | **Signed**  **(child):** |  |