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**Primary School Application Form:**

**Education, Health and Care Needs Assessment**

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| Application for |  | | |
| Date of birth |  | Year group |  |
| Completed by |  | | |
| Designation/role |  | | |
| Setting/School |  | | |
| Date of application |  | | |
| Date application received by SEN team |  | | |

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| The special educational needs case work team is available to support you in preparing your application. Please email [EHCPApplications@Oxfordshire.gov,uk](mailto:EHCPApplications@Oxfordshire.gov,uk) or contact your SEN Officer. |

**Why are you requesting an Education, Health and Care Needs Assessment at this time?**

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**Part 1: Personal Details**

**The child**

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| --- | --- | --- | --- | --- | --- | --- |
| Full Name |  | | | Date of birth | |  |
| Address |  | | | | | |
| GP Name |  | | | | | |
| GP Surgery |  | | | | | |
| NHS Number |  | | | | | |
| Nationality |  | | | Looked After Child | | Yes/No |
| Languages  or preferred method of communication |  | | | Interpretation needed | |  |
| Mobile number  *(optional)* |  | | | Email Address  *(optional)* | |  |
| Primary area of need |  | | | Secondary area(s) of need | |  |
| Name of current setting or school | | |  | | | |
| **The parents or carers** | | | | | | |
|  | | Parent/Carer | | | Parent/Carer | |
| Names | |  | | |  | |
| Address | |  | | |  | |
| Telephone | |  | | |  | |
| Mobile | |  | | |  | |
| Email address | |  | | |  | |
| Languages  or preferred method of communication | |  | | |  | |
| Parental responsibility | | Yes / No | | | Yes / No | |
| Interpretation needed | | Yes / No | | | Yes / No | |

**Part 2: ‘All About Me’**

This section is to record the views, interests and ideas of the child and his or her family. Click [**here**](https://www.oxfordshire.gov.uk/cms/content/education-health-and-care-plan-assessment) to see ways this information can be gathered and recorded or visit:

<https://www.oxfordshire.gov.uk/cms/content/education-health-and-care-plan-assessment>

**Views of ……………………………………..**

Add additional pages if necessary.

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| I did this with: |
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**‘All About Me’: My family's views**

Add additional pages if necessary

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| This section is to record the views, interests and aspirations, in relation to the child or young person, of the people who are important to them, such as parents/carers and other family members. |

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| **Summary**  **My/our hopes and aspirations for the future:** |
| Who completed this section: |
| Relationship to the child: |

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| **Part 3: Education, Health, Care strengths, needs and support**  **The child’s strengths, needs and support**  Provide supporting evidence of SEN and **relevant** and **purposeful action** taken by the school to meet the child’s needs. This section provides the evidence that will be used to make a decision about whether to proceed with an EHC needs assessment. Information should be succinct and specific.  **A. Essential Information to be included for all applications**  *Please do not provide the required information here but include it as an attachment.*   |  |  | | --- | --- | | **Information** | **Name, date and author of relevant document attached** | | School report including child’s strengths |  | | **The Child’s needs**  Provide evidence that the child or young person has **long term, complex needs** requiring co-ordinated provision in the school. |  | | OCC Individual Provision Tracker (or equivalent with identical details) clearly showing impact of intervention, current interventions in place and how the £6000 has been applied |  | | OCC Pupil Profile (or equivalent with identical details) to show support provided and progress over a 12-month period (including 3 dated reviews). **Support in place will need to address core needs**. |  | | Medical Diagnosis |  | | Medical Questionnaire |  | | Educational Psychology Advice |  | | Chronology of external advice sought and reports available. **It is expected that relevant professionals will have been involved** |  | | Evidence to show how the recommendations made by external professionals have been implemented and reviewed  **It is expected that recommendations will have been implemented and reviewed over a period of time.** |  | | Child’s Views (All About Me) |  | | Family Views (All About Me) |  | | Attendance data for last 12 months |  | | Timetable detailing current support |  | | TAF Minutes / EHA Document, if relevant |  | | Risk assessment, if relevant |  | | PEP (for LAC only) |  |   **B. Essential for pupils with Social, Emotional and Mental Health Needs:**  *Please do not provide the required information here but include it as an attachment.*  All essential information documented above **and**:   |  |  | | --- | --- | | **Information** | **Name and author of relevant document attached** | | Inclusion Support Plan (or Pastoral/ Behaviour Support Plan) including reviews over 6 month period |  | | Risk Assessment |  | | Exclusion record |  | | Re-integration plans following exclusions |  | | Reduced Timetable Form if relevant |  | | Positive Handling Plan for the child if relevant |  |   **Part 4: Action to meet need by other agencies**  *Please do not provide the required information here but include it as an attachment.*  **Health Support**   |  |  | | --- | --- | | Give details of the involvement and support provided by health services. | Name of relevant document attached | |  |  |   **Social Care Support**   |  |  | | --- | --- | | Give details of the involvement and support provided by Children’s Social Care, including provision delivered through the community by LCSS and Early Help e.g. TAF | Name of relevant document attached | |  |  |   **Part 5: Additional Considerations**  Detail any additional circumstances that you feel should be considered with the application.   |  | | --- | |  | |  | |  | |

**Part 6: Consent**

Parent or carer agreement for consideration to assess:

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| I would like an EHC Needs Assessment for my child ………………………………    to be requested  Name ……………………………………Name …………………………………….  Signed ……………………………………Signed …………………………………….  Date ………………………… Date………………………………. |

If you are unsure about signing this page at this time, please contact SENDIASS to discuss your application and any concerns or queries you may have.

**Contact telephone number: 01865 810516**

**Information storage and sharing**

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| **Note for professionals:** Please ensure that the parent/carer has read/understood this section. |

The information in this form will enable professionals to understand what help your child or young person may need. It will be necessary to share this information with appropriate professionals as part of the assessment, should one be made. This could include (but is not necessarily limited to) the Educational Psychology Service, health services including Child & Adolescent Mental Health Services (CAMHS), and Community Paediatricians and social care services. The local authority may also engage the services of practitioners in the private sector to assist with the assessment and or drafting of the plan. In all cases these providers will have been subject to a confidentiality risk assessment undertaken by the Local Authority’s Information Management team.

Our [Privacy Notice](https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/aboutyourcouncil/corporateovernance/GenericPrivacyNotice.pdf) is designed to explain how and why information about you will be used and stored by Oxfordshire County Council.

**Preferred method of communication**

During the application process Oxfordshire County Council will need to contact you.

Please specify your preferred method of receiving communication from the council.

email  hard copy (paper letters)  both email and hard copy

**Secure Communication:**

Oxfordshire County Council uses a secure system called Egress Switch for sending information.  It's free to sign up and simple to use when you send messages to us. Please be aware that if you choose to communicate with us by email without signing up your information may not be sent securely.

More details and support can be found on the Egress Website [www.egress.com](http://www.egress.com)