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**Secondary School information for Key Stage 3 to support an application for an Education Health and Care assessment (Form A)**

**Essential document to support a request for an EHC needs assessment**

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| **1. Details of the young person** | |
| Full name | Date of birth |
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| Setting or school attended | Date of admission |
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| **2. School History (Schools attended and date joined)** |
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| **3. Views and aspirations of the child and their family** |
| *The things that are important* ***to*** *the child and their hopes for the future from* ***your*** *knowledge of the child or young person (this may not be all of the views and aspirations of the child or young person, these will be brought together at the outcomes planning meeting).* |

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| **4. Background Information** |
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| **5. The young person’s strengths** |
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| **6. The young person’s needs** |
| **Nature of SEN**  (Brief summary) |
| **Communication and Interaction Needs** |
| **Cognition and Learning Needs**  Including: **Attainment, approach to learning; rate of progress over time; response to support provided.**   * English levels and progress over last 2 years * Maths levels and progress over last 2 years * SAT results Year 7 and 8 * Reading and spelling ages over last 2 years including dates tests taken * GCSE predicted grades and current ‘working at’ grades |
| **Social, Emotional and Mental Health Needs** |
| **Sensory and Physical Needs** |
| Evidence of any **health** needs not covered on the application form |
| Evidence of any **social care** needs not covered on the application form |
| **Preparation for adulthood** (independence, inclusion in the community, skills for employment) |

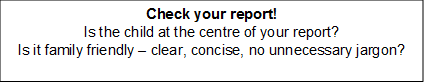
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| **7. Differentiation and support currently in place (if not covered in other documents)** |
| **Provide information about how any additional funding has been used. (e.g. from IYFAP)** |
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| **Information to show how any recommendations made to support the child have been implemented and reviewed.** |
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| **8. Proposed Outcomes for discussion** |
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| **9. Proposed provision to meet needs and support outcomes** |
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| **10. Other relevant Information not already covered** |
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| **Name of person completing the advice** | Role: |
| Contact details: | |
| Signature | Date advice completed |
| Date advice shared with family |



Please accept this as our evidence for an application for an EHC needs assessment.

NB. If an assessment is agreed this advice may be used as part of the statutory advice to inform an EHC needs assessment.