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**Early Years 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 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 |  |
| 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:

<http://schools.oxfordshire.gov.uk/cms/sites/schools/files/folders/folders/documents/SEN/guidance/AllAboutMePersonCentredPlanningGuidance.pdf>

**Views of …………………**

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| I did this with: |
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Add additional pages if necessary

**‘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, of the people 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**Provide supporting evidence of SEN and **relevant** and **purposeful action** taken by the Early Years setting or child minder 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 but specific. 1. **Essential Information to be included for all applications**

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| **Information to be attached to the application** | **Name, date and author of the relevant document** |
| Setting report including child’s strengths |  |
| Current developmental levels including EYFS information |  |
| Evidence of SEN Need. This could include the relevant pages from section ’D’ OCC Guidance: Identifying and Supporting SEN<https://www.oxfordshire.gov.uk/cms/content/guidance-and-procedures> |  |
| SEN Support and Outcomes Plans or equivalent and reviews.  |  |
| Individual Intervention Record or similar[*(OCC template available)*](http://schools.oxfordshire.gov.uk/cms/node/556) |  |
| Individual timetable showing the specific and different support (including adult-child ratio) and interventions/strategies that are being provided or need to be provided to assist the child’s inclusion and appropriate access to the EYFS curriculum. |  |
| Information on the child’s attendance.(For guidance and policy see EY Toolkit)  |  |
| External Information / Advice received from Health e.g. paediatrician, speech and language therapist  |  |
| Latest SENSS report(s) e.g. EYSEN, PD, VI, HI etc. |  |
| Latest CAMHS report |  |
| 2 Year check (Health and EYFS)  |  |
| Care plan for children with health needs |  |
| PEP for a child who is Looked After |  |
| EHA and TAF (with parental consent)  |  |

**B. Essential information for children with Social, Emotional and Mental Health needs (SEMH)**

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| **Information to be attached to the application**  | **Name, date and author of the relevant document**  |
| Positive Behaviour Support Plan |  |
| Risk assessment |  |
| Where available any other reports or assessments relating to the child’s SEMH needs |  |
| In the exceptional situation – details of and reasons for any exclusions and or reduced access to the child’s entitlement |  |

**C. Essential information for children transitioning between settings**

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| **Information to be attached**  | **Name , date and author of the relevant document** |
| Transition Plan |  |
| Proposed individualised timetable illustrating support needs and interventions planned |  |
| Proposed risk assessment if appropriate |  |
| Proposed Positive Behaviour Support Plan if appropriate |  |

**Part 4: Actions to support Needs** **Action to meet needs by other agencies****Health Support**

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| **Give details of the support provided by health services.**  | **Name and author of relevant document attached** |
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**Social Care Support**

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| **Give details of the involvement and support provided by Children’s Social Care or provision delivered through the community by LCSS and Early Help e.g. TAF** | **Name and author of relevant document attached** |
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**Part 5: Additional Consideration**Detail any additional circumstances that you feel should be considered with the application.

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**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 us.

**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)