**Early Years Setting or Childminder Report to support a request for an Education Health and Care Needs Assessment (Form A)**

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

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| **1. Details of the child** |
| Full name  | Date of birth |
|  |  |
| Setting  |  |
| Date of Admission |  |
| Hours attended |  |
| Primary Need |  |
| Additional Needs |  |
| Early Educational / Childcare entitlement  |
| 2 Year Funding [ ] universal 3-4 year funding [ ] working families 15 hours [ ]  |
| Pupil premium [ ] Inclusion Funding [ ] Additional SEND funding [ ]  If yes how much?  |
| Additional SEND funding [ ]  If yes how much? |

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| **2. 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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| **3. Background** (relevant history) |
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| **4. The child’s strengths** |
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| **5. The child’s development**Please summarise in each of the EYFS area of development:* Developmental levels and milestones,
* Strengths,
* Needs,
* Rate of progress
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| Prime areas (all children)  |  |
| Communication and Language  |  |
| Physical |  |
| Personal, Social and Emotional  |  |
| Specific Areas (3 years and above)  |  |
| Literacy |  |
| Mathematics |  |
| Understanding the world |  |
| Expressive Arts and Design |  |
| Characteristics of Effective Learning  |  |
| Playing and Exploring – engagement  |  |
| Active Learning - motivation |  |
| Creating and thinking critically- thinking |  |

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| **6. Current outcomes** (identified on the Early Years SEN Support and Outcomes Plan) |
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| **7. Support in place, over and above that usually provided in the setting to meet needs** |
| **Provide information about how any additional funding has been used.**  |
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| **Information to show how any recommendations made to support the child have been implemented and reviewed** |
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| Name of person completing the report:  | Role: |
| Contact details:  |
| Signature | Date completed |
| Date shared with family |

**Check your report!**

Is the child at the centre of your report?

Is it family friendly – clear, concise, no unnecessary jargon?

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.