

Setting, School or College information for Key Stage 4 and above to support a request for an Education Health and Care assessment (Form A)

Essential document to support a request for an EHC needs assessment

1.	Detail	ls of	the	young	person
----	--------	-------	-----	-------	--------

Full name	
Date of birth	
Setting or school	
Date of admission	

2. School History (Schools attended and date joined)	
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).	

4.	4. Background Information			



5. The young person's strengths
6. The young person's needs
Nature of SEN
Brief summary)
• •
Demonstration and interesting Needs
Communication and Interaction Needs
Cognition and Learning Needs
ncluding: Attainment; approach to learning; rate of progress over time; response to
support provided
English levels and progress over last 2 years
<ul> <li>Maths levels and progress over last 2 years</li> </ul>
Qualifications Achieved
Courses currently studied, predicted grades and current 'working at' grades
, , , ,



Social, Emotional and Mental Health Needs	
oocidi, Emotional and Memai meditii Meeds	
Evidence of <b>social care</b> needs not already covered in the application	
Evidence of <b>health</b> needs not already covered in the application	
<b>,</b> 11	
7. Preparation for Adulthood	
Skills for Employment:	
e.g. time keeping, social skills, reliability	
Independent Living Skills	
e.g. personal care, shopping, cooking, budget management	



8. Differentiation and support current documents)	tly in place (if not covered in other	
Provide information about how any additional funding has been used. (e.g. from IYFAP)		
,		
	mendations made to support the child have	
been implemented and reviewed.		
0.000		
9. Other relevant Information not alre	eady covered	
Name of payon completing the advice		
Name of person completing the advice Role		
Contact details		
Signature		
Olgridia		
Date advice completed		
Date advice 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.