**Hull Clinical Commissioning Group** [](https://pbs.twimg.com/profile_images/827171968759824385/9D2gcB7H_400x400.jpg)

**###**

**Education, Health and Care Needs Assessment Request (EHCNAR)**



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| Date of Person Centred Planning Meeting to complete this request for assessment |  |
| Date of Submission to Local Authority |  |
| Name of Person Completing this Request |  |
| Role |  |
| Contact Details |  |
| Are there exceptional circumstances surrounding this request for assessment? (Why can a graduated response not be supplied?) | No  Yes  If Yes please provide details: |

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| 1. **Learner Views** | |
| Please detail how these views have been obtained | |
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| What do I like about school? What am I good at? | |
| Learner view |  |
| What others say about me |  |
| What do I not like about school? What do I find difficult? | |
| Learner view |  |
| What others say about me |  |
| What can others do to help me learn? | |
| Learner view |  |
| What others say about me |  |

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| 1. **2. Personal Details** | | | | | | | | | | |
| Full name: |  | | | | | | | | | |
| I like to be known as: |  | | | | | | | | | |
| Date of birth: |  | | Gender: | | | | | |  | |
| Ethnicity: |  | | Religion: | | | | | |  | |
| Home address: |  | | | | | | | | | |
| Telephone number: |  | | Social care status? | | | | | | Not Applicable  Child In Need (CIN)  Child Looked After (CLA)  Care Leaver | |
| Is this child a Military Child? | Yes |  | | | | No | | | |  |
| UPN: |  | | NHS No: | | | |  | | | |
| **3. Parent/Carer Details** | | | | | | | | | | |
| Relationship to learner: |  | | | | Title: | | |  | | |
| First name: |  | | | | Surname: | | |  | | |
| Home address: |  | | | | | | | | | |
| Telephone: |  | | | | E-mail: | | |  | | |
| Does this person have Parental Responsibility? | | | | Yes  No | | | | | | |
| Preferred method of communication? | | | | Letter  Email  Telephone | | | | | | |
| First Language |  | | | | | | | | | |
| Any support needs? |  | | | | | | | | | |
|  | | | | | | | | | | |
| Relationship to learner: |  | | | | Title: | | |  | | |
| First name: |  | | | | Surname: | | |  | | |
| Home address: |  | | | | | | | | | |
| Telephone: |  | | | | E-mail: | | |  | | |
| Does this person have Parental Responsibility? | | | | Yes  No | | | | | | |
| Preferred method of communication? | | | | Letter  Email  Telephone | | | | | | |
| First Language |  | | | | | | | | | |
| Any support needs? |  | | | | | | | | | |

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| **4. Social Worker Details** | |
| Social Worker Name |  |
| Social Worker Contact Number |  |
| Social Worker Address |  |
| Local Authority & Team |  |
| Who has parental responsibility? |  |

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| **5. Learner’s GP Details** | |
| GP Name |  |
| GP/Surgery Address |  |

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| 1. **Details of current educational setting** | | | | | | |
| Name and address of school/setting: | | |  | | | |
| Date of entry: |  | | Year Group: | | |  |
| **Attendance** | | | | | | |
| Academic Year | | | | Attendance % | | |
|  | | | |  | | |
|  | | | |  | | |
| Have there been significant periods or patterns of absence? | | | | Yes  No  If yes please explain: | | |
| **Exclusion** | | | | | | |
| Type of exclusion | | Date of exclusion | | | Duration (if fixed term) | |
|  | |  | | |  | |
| Have there been any significant patterns of exclusion? | | | | Yes  No  If yes please explain: | | |
| **Educational Offer** | | | | | | |
| Does the learner have a full-time offer of education? | | | | Yes  No | | |
| If no, please attach the part-time timetable forms. | | | |  | | |

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| 1. **Parent/carer views** | |
| What do you hope will be achieved as a result of this request for Education Health and Care Assessment? |  |
| If an assessment is agreed I/we would like further or more up to date information to be requested from the following practitioners |  |
| Is there any information you would like to share relating to your child’s Special Educational Needs to support a request for an Education Health and Care Assessment? |  |

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| 1. **Identified Special Educational Needs** | |
| **Strengths and Achievements** | |
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| **Barriers to Learning** | |
| When was the learner first identified as SEN at school/setting support? |  |
| What primary category of need is identified for the purpose of the school census? |  |
| Are other categories of need identified for the purpose of the school census? |  |
| **Communication and interaction** | |
|  | |
| **Cognition and learning** | |
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| **Social emotional and mental health** | |
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| **Sensory and/or physical** | |
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| **Developing independence; preparing for adulthood** | |
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| 1. **Description of Any Health needs related to the learners Special Educational Needs** | | | | | | |
| (A)  Confirmed Diagnosis of health condition/disability – any health condition/disability that the health professional has given a diagnosis for, eg, epilepsy, diabetes, hearing/vision difficulties, cerebral palsy, congenital conditions, asthma/eczema allergies, etc. (This list is not exhaustive) | | | | | | |
| Condition/Disability | Impact on Daily Life | | | Health Professional | | Year of diagnosis |
| *Bi-lateral Sensori-neural hearing loss wears 2 post aural hearing aids* | *Can miss important information in the classroom, interactions with adults and peers. Safety risk when out in public. Requires support as advised from HI teacher with maintenance of hearing aids. Requires input from SALT and teacher of the deaf* | | | *Audiologist/paediatrician (Name)*  *Speech and Language Therapist (Name)* | | *2019* |
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| (B)  Health conditions currently under investigation - any health condition/disability currently under investigation, no definite diagnosis given, eg, epilepsy, diabetes, hearing/vision difficulties, cerebral palsy, congenital conditions etc. (This list is not exhaustive) | | | | | | |
| Suspected Condition/Disability | | Impact on Daily Life | | | Health Professional | |
| *Autistic Spectrum Condition* | | *Social communication needs, requires support with peer relationships, requires simple instructions. Adult support required to help regulate when frustrated by communication needs. Sensitive to loud noises, wears headphones to reduce sound when required.* | | | *Neurodiversity Service, SALT* | |
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| Does the learner have an Individual Health Care Plan? | | | Yes  No  If yes please enclose a copy as an appendix | | | |
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| 1. **Social Care needs related to the learners Special Educational Needs.** | |
| Is the learner open to social care? | Yes  No  If yes, please enclose a copy of any social care inputs, interventions, documents within the previous 12 months as an appendix (If appropriate) |

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| 1. **External Agency/Professionals Involvement** | | | | | | |
| Name: | Job title: | Organisation: | Contact details: | Involvement Date | | Report Included? |
| From | To |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  | Yes  No |

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| 1. **The Graduated Approach** | |
| Educational journey to date |  |
| Current educational attainment/ developmental milestones |  |
| Previous educational attainment/ developmental milestones(summary at end of each key stage so far) |  |
| Graduated Approach | Please attach ADPR.  Is there anything else you would like to inform the Local Authority of? |

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| **13.Provision** (Please submit relevant summaries, e.g. timetable, IEPS, Intervention Records, Impact Reviews) | | | |
| 1. **A**   **Universal Provision**- these are detailed in the Local Authority’s Graduated Approach guidance - [Hull Graduated Approach (local offer)](https://hull.mylocaloffer.org/media/pdzcafdo/hull-graduated-approach-oct-23-1.pdf).  *The Provision detailed here should only include teaching and learning strategies or other provision that should be* ***readily provided*** *in schools or early years settings.  It should include things that might be considered to be Quality First Teaching and reasonable adjustments or anything that* ***would usually be provided for learners within Element One funding.*** | | | |
| Type of support/provision. What is the educational provision in place? *interventions; programmes, facilities and resources* | Recommended by | Timescales/  frequency  *How often will this happen and for how long? Be as specific as possible* | Impact to date |
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| **13. B**  **SEN Support Targeted Provision**- targeted provision that can be delivered as part of the school’s SEN support offer under their ‘best endeavours’ duty (roughly 6 hours of targeted support **utilising element 2 funding).**  These are detailed in the Local Authority’s Graduated Approach guidance - [Hull Graduated Approach (local offer)](https://hull.mylocaloffer.org/media/pdzcafdo/hull-graduated-approach-oct-23-1.pdf). | | | |
| Type of support/provision. What is the educational provision in place? *interventions; programmes, facilities and resources* | Recommended by | Timescales/  frequency  *How often will this happen and for how long? Be as specific as possible* | Impact to date |
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| **13.C**  **EHCP Provision** - that is additional and different beyond the ordinarily available SEN support and needs to be secured by an EHCP as it goes beyond element 2 funding. | | | |
| Type of support/provision. What is the educational provision in place? *interventions; programmes, facilities and resources* | Recommended by | Timescales/  frequency  *How often will this happen and for how long? Be as specific as possible* | Impact to date |
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| 1. **Why is an EHC Assessment being requested now?** |
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| 1. **Evidence Informing this EHCNAR** | | | | |
|  | Author | Detail (e.g. One page Profile, Cognitive Assessment Report, IEP, medical letter, ASD Diagnosis) | date | submitted |
| **1** |  | Learner Views |  | Yes  No |
| **2** |  | Parent views |  | Yes  No |
| **3** |  | ADPR |  | Yes  No |
| **4** |  |  |  | Yes  No |
| **5** |  |  |  | Yes  No |

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| 1. **EHCNAR Submission Summary** | |
| Is this a first submission? | Yes  No |
| If a resubmission, please provide date(s) of previous submission(s) |  |
| If a resubmission, please outline major changes/evidence additions within this EHCNAR |  |
| All EHCNAR sections completed? | Yes  No |
| Learner voice? | Yes  No |
| Parent or carer voice? | Yes  No |
| Signed parent/carer consent? | Yes  No |
| Please return to the Local Authority, as a **Word** file via EDT | |

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| **Consent for sharing information**  *(to be signed by parents/carers, or young person* |

I agree to this request to Hull City Council (HCC) to assess the education, health and care needs of my child.

I understand that information (for example reports) about my child will be shared with other professionals who are already involved with my child and with those I have asked to become involved with my child and any that the Local Authority consider is necessary to enable a satisfactory assessment of my child’s education, health and care (EHC) needs to take place in accordance with the Children and Families Act and SEND Code of Practice 2015.

I understand that both paper and electronic records may be kept by Hull City Council as a result of their involvement and that these records will be kept securely by Hull City Council and destroyed safely, according to the Council's Document Retention and Deletion Schedule.

I agree that information about my child and our family can be accessed on a ‘needs to know’ basis by education, health and social care as appropriate and can be shared with future providers to help them plan provision and appropriate support. I also agree that you can seek information and advice from other services as appropriate.

**Parents/Carers**

You should know that by signing this form you are agreeing to the gathering and sharing of information as detailed above.

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| Name of Parent/Carer |  |
| Date |  |
| Signature |  |

**If the young person is aged 16 or over**

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| Name of Young Person |  |
| Date |  |
| Signature |  |