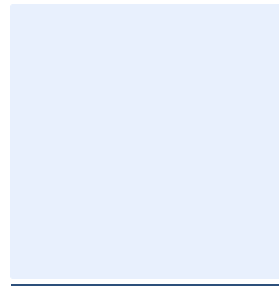




# ###

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



Date of Submission to Hull 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 <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:

## 1. Personal Details (Child or Young Person)

Full name			
I like to be known as			
Date of birth		Gender	
Ethnicity		Religion	
Home address			
Contact details (telephone number and email address, if applicable)		Social care status	Not Applicable <input type="checkbox"/> Child in Need (CiN) <input type="checkbox"/> Child Looked After (CLA) <input type="checkbox"/> Care Leaver <input type="checkbox"/> Previously Looked After (PLAC) <input type="checkbox"/> Child Protection <input type="checkbox"/> Other <input type="checkbox"/> (specify)
Is this a Military Child?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
UPN		NHS No	

2. Parent/Carer Details			
Relationship to child or young person		Title	
First name		Surname	
Home address			
Telephone		E-mail	
Does this person have Parental Responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Hull City Council's preferred method of communication is via email – please indicate here if an alternative method is required			
First Language			
Support needs			

Relationship to child or young person		Title	
First name		Surname	
Home address			
Telephone		E-mail	
Does this person have Parental Responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Hull City Council's preferred method of communication is via email – please indicate here if an alternative method is required			
First Language			
Support needs			

3. Social Worker Details (if applicable)	
Name	
Email Address	
Address and Phone Number	
Local Authority & Team	
Who has parental responsibility?	

4. Current educational setting			
Name and address of school/setting			
Date of entry		Year Group	
Attendance			
Have there been significant periods or patterns of absence?		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:	
Suspension and Exclusion			
Have there been any suspensions or an exclusion?		Please attach paperwork	
Educational Offer			
Does the learner have a full-time offer of education?		Yes <input type="checkbox"/> No <input type="checkbox"/> Please attach the part time timetable if applicable	

5. Parent/carer views	
<p>Please ensure that the parent/carer views have been requested and submitted as part of this request. Alternative, parents/carers can contact the Statutory SEND Team themselves via email (<a href="mailto:SEND@hullcc.gov.uk">SEND@hullcc.gov.uk</a>).</p>	<p>Is there evidence of parent/carer views attached to this request?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, are parents/carers intending to submit evidence separately?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

6. Child/young person views	
<p>Please ensure that the child/young person views have been requested and submitted as part of this request. Alternative, children/young people (or their parents/carers) can contact the Statutory SEND Team themselves via email (<a href="mailto:SEND@hullcc.gov.uk">SEND@hullcc.gov.uk</a>).</p>	<p>Is there evidence of child/young person views attached to this request?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, is the child/young person intending to submit evidence separately?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<b>7. Identified Special Educational Needs and Disabilities (SEND)</b>	
<b>Barriers to Learning</b>	
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?	
<i>Please complete the following sections in as much detail as is necessary – where it is not relevant or appropriate to do so, please indicate n/a (not applicable).</i>	
<b>Cognition and Learning</b>	
<i>Please attach or reference relevant assessments and progress reports linked to attainment and progress, where appropriate.</i>	
<b>Communication and Interaction</b>	
<b>Social, Emotional or Mental Health</b>	
<b>Sensory and/or Physical</b>	
<i>This may include relevant medical or health needs that impact access to education.</i>	

**Developing independence; preparing for adulthood**

Does the child or young person have an Individual Health Care Plan?

Yes  No

If yes, please attach a copy to the request

### 8. Social Care Needs (related to SEND)

Is the learner open to social care?	Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, please enclose a copy of any social care inputs, interventions, documents within the previous 12 months as an appendix (if appropriate)
-------------------------------------	---

### 9. External Agency/Professionals Involvement

Name:	Job title:	Organisation:	Contact details:	Involvement Date		Report Included? Yes <input type="checkbox"/> No <input type="checkbox"/>
				From	To	
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

## 10. Provision

Hull City Council expect all settings to be utilising the [Hull Graduated Approach](#) to deliver high-quality universal provision to children and young people with SEND, including through ordinarily available provision, quality-first teaching and the use of reasonable adjustments.

### **SEN Support (Targeted Provision)**

This section relates to 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).

**Please complete the table below or ensure that the details requested are explicit within the accompanying documentation, such as the Assess, Plan, Do, Review (APDR) proforma.**

What is the educational provision in place? <i>i.e. interventions; programmes, facilities, and resources</i>	Recommended by (name and role)	Timescales/ frequency <i>How often will this happen and for how long? Be as specific as possible</i>	Impact to date



**Proposed EHCP Provision**

This section relates to provision that is additional and different beyond the ordinarily available provision at the SEN Support level.

**a. Provision currently being delivered but which cannot be sustained without an Education, Health and Care Plan (EHCP)**

What is the educational provision in place? <i>i.e. interventions; programmes, facilities, and resources</i>	Recommended by (name and role)	Timescales/ frequency <i>How often will this happen and for how long? Be as specific as possible</i>	Impact to date

**b. Provision that has been recommended but cannot presently be delivered without an Education, Health and Care Plan (EHCP)**


### 13. Evidence Informing this EHCNAR

Author and Role	Detail	Date	Submitted
	Assess, Plan, Do, Review (APDR)		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
	Attendance Report / Information		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
	Social Care Evidence		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
	Individual Health Care Plan		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
	Diagnostic Report		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
	Parent/Carer Views		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
	Child/Young Person Views / One Page Profile		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
	Assessment Report		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
	Outreach Report		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
	Termly Support Plan(s)		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
	Suspension / Exclusion Reports		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
	Part-Time Timetable Details		Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
	<i>Other evidence (if applicable)</i>		
	<i>Other evidence (if applicable)</i>		
	<i>Other evidence (if applicable)</i>		
	<i>Other evidence (if applicable)</i>		

Please return to the Local Authority, as a **Word** file via EDT

## Consent for sharing information

**Please discuss the information below with the parent/carer 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 because 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.*

### **SENCO / Educational Representative Signature**

Please ensure that the individual(s) with parental responsibility (or the young person if they are aged sixteen and over) are aware and have consented to this request being submitted. By signing below, you are confirming that you have received consent.

Name and role of person submitting the form	
Parent/carer spoken with	
Date parent informed	
Signature	