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

**###**

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



|  |  |
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| 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  Yes  If yes, please provide details: |

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| 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  Child in Need (CiN)  Child Looked After (CLA)  Care Leaver  Previously Looked After (PLAC)  Child Protection  Other  (specify) | |
| Is this a Military Child? | Yes  No | | | |
| UPN |  | NHS No | |  |

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| 1. **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  No | | |
| Hull City Council’s preferred method of communication is via email – please indicate here if an alternative method is required | |  | | |
| First Language |  | | | |
| Support needs |  | | | |

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

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| 1. **Social Worker Details (if applicable)** | |
| Name |  |
| Email Address |  |
| Address and Phone Number |  |
| Local Authority & Team |  |
| Who has parental responsibility? |  |

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| 1. **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  No  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  No  Please attach the part time timetable if applicable | |

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| 1. **Parent/carer views** | |
| 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 ([SEND@hullcc.gov.uk](mailto:SEND@hullcc.gov.uk)). | Is there evidence of parent/carer views attached to this request?  Yes  No  If no, are parents/carers intending to submit evidence separately?  Yes  No |

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| 1. **Child/young person views** | |
| 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 ([SEND@hullcc.gov.uk](mailto:SEND@hullcc.gov.uk)). | Is there evidence of child/young person views attached to this request?  Yes  No  If no, is the child/young person intending to submit evidence separately?  Yes  No |

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| 1. **Identified Special Educational Needs and Disabilities (SEND)** | |
| **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? |  |
| *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).* | |
| **Cognition and Learning**  *Please attach or reference relevant assessments and progress reports linked to attainment and progress, where appropriate.* | |
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| **Communication and Interaction** | |
|  | |
| **Social, Emotional or Mental Health** | |
|  | |
| **Sensory and/or Physical**  *This may include relevant medical or health needs that impact access to education.* | |
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| **Developing independence; preparing for adulthood** | |
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| Does the child or young person have an Individual Health Care Plan? | Yes  No  If yes, please attach a copy to the request |

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| 1. **Social Care Needs (related to SEND)** | |
| 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 |
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| 1. **Provision** |
| *Hull City Council expect all settings to be utilising the* [*Hull Graduated Approach*](https://hullsendlocaloffer.org.uk/downloads/download/2/graduated-approach-steps) *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.* |

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| **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.e. interventions; programmes, facilities, and resources* | Recommended by (name and role) | Timescales/  frequency  *How often will this happen and for how long? Be as specific as possible* | Impact to date |
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| **Proposed EHCP Provision**  This section relates to provision that is additional and different beyond the ordinarily available provision at the SEN Support level. | | | |
| 1. **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.e. interventions; programmes, facilities, and resources* | Recommended by (name and role) | Timescales/  frequency  *How often will this happen and for how long? Be as specific as possible* | Impact to date |
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| 1. **Provision that has been recommended but cannot presently be delivered without an Education, Health and Care Plan (EHCP)** | | | |
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| 1. **Evidence Informing this EHCNAR** | | | |
| Author and Role | Detail | Date | Submitted |
|  | Assess, Plan, Do, Review (APDR) |  | Yes  No  n/a |
|  | Attendance Report / Information |  | Yes  No  n/a |
|  | Social Care Evidence |  | Yes  No  n/a |
|  | Individual Health Care Plan |  | Yes  No  n/a |
|  | Diagnostic Report |  | Yes  No  n/a |
|  | Parent/Carer Views |  | Yes  No  n/a |
|  | Child/Young Person Views / One Page Profile |  | Yes  No  n/a |
|  | Assessment Report |  | Yes  No  n/a |
|  | Outreach Report |  | Yes  No  n/a |
|  | Termly Support Plan(s) |  | Yes  No  n/a |
|  | Suspension / Exclusion Reports |  | Yes  No  n/a |
|  | Part-Time Timetable Details |  | Yes  No  n/a |
|  | *Other evidence (if applicable)* |  |  |
|  | *Other evidence (if applicable)* |  |  |
|  | *Other evidence (if applicable)* |  |  |
|  | *Other evidence (if applicable)* |  |  |

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

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| **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.

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