

SEND Assessment & Review Team – Learner of Concern

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| ***This form should be completed when a school has concerns relating to Learners with an EHCP and wishes to bring this to the attention of the SEND Assessment and Review Team*** |

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| **Does this contact relate to*:*** *(please tick* ***all*** *that apply)*   |  |  | | --- | --- | | **Learner’s Attendance (in relation to their usual/agreed attendance, specific to pupil and context)** |  | | **Concerns around suitability (may link to consultation process) /securing of EHC Provision (including concerns relating to PPL)** |  | | **Implications for EHCP due to safeguarding concerns** |  | | **Concerns relating to home school relationship** |  | | **Suspension or possible permanent exclusion** |  | | **Transition** |  | | **Other** |  | |
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| **Date of Contact:** | |  | | | | | | | | | | | | | | | | | |
| **Contact Made by:** | |  | | | | | | | | | | | | | | | | | |
| **Designated role:** | |  | | | | | | | | | | | | | | | | | |
| **Contact Details**  **Phone:** | |  | | | | | | | | | | | | | | | | | |
| **Availability for telephone conversation:** | |  | | | | | | | | | | | | | | | | | |
| **Email:** | |  | | | | | | | | | | | | | | | | | |
| **Learner’s full name:** | |  | | | | | | | | | **Date of Birth:** | |  | | | | | | |
| **Learner’s address:** | |  | | | | | | | | | | | | | | | | | |
| **Education setting named in EHCP** | |  | | | | | | | | **Name of Trust setting is under** | | |  | | | | | | |
| **Primary Need** | | **Communication and interaction** | | | **Cognition and Learning** | | | | | **Social, Emotional and Mental Health** | | | | | | | **Sensory and Physical** | | |
|  | | |  | | | | |  | | | | | | |  | | |
| **Year Group:** | |  | | | | | | | | | | | | | | | | | |
| **Is this a Hull City Educational setting?** | | **Yes** | | |  | | | | | **No** | | | | | | |  | | |
| **If on school roll but accessing Alternative Provision (AP) provide details** | |  | | | | | | | | | | | | | | | | | |
| **Are there any Safeguarding concerns?** | | **Yes** | | |  | | | | | **No** | | | | | | |  | | |
| **If Yes, are these impacting upon the learner & if so how?** | |  | | | | | | | | | | | | | | | | | |
| **The Learner’s Social Care Status** | | **Not Applicable** | | | |  | | **Child Looked After (CLA)** | | | |  | | | **Child in Need (CIN)** | | | |  |
| **CP** | | | |  | | **Care Leaver** | | | |  | | |  | | | | |
| **Name of the people with Parental Responsibility** | | **Name** | | | | | | | | **Contact Details** | | | | | | | | | |
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| **Has the parent and/or Learner been made aware of your concerns?** | | **Child** | | | | | | | | **Parent/carer** | | | | | | | | | |
| **Yes** | | | **No** | | **N/A**  **(Due to age/aptitude/vulnerability)** | | | **Yes** | | | | | | **No** | | | | |
|  | | |  | |  | | |  | | | | | |  | | | | |
| **Summary of current concerns:** | | | | | | | | | | | | | | | | | | | |
| **Educational Setting’s Views (indicate which services and interventions have been offered to support with the impact to date)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Tick all that are applicable** | **Service/Support** | **Date referred/accessed** | **Active/Previous involvement/provision recommendation**  **(attach report if available)** | **Impact** | **Next steps** | |  | SEMH Outreach service: Steps to Success |  |  |  |  | |  | Communication & Interaction Outreach: |  |  |  |  | |  | IPass Outreach: |  |  |  |  | |  | SaLT |  |  |  |  | |  | CAMHS |  |  |  |  | |  | MHST |  |  |  |  | |  | 0-19 School Nurse |  |  |  |  | |  | Early Help |  |  |  |  | |  | Updated EP involvement |  |  |  |  | |  | Charitable organisations/AP commissioning |  |  |  |  | |  | Internal systems |  |  |  |  | |  | Other |  |  |  |  |   **Any other comments:** | | | | | | | | | | | | | | | | | | | |
| **Parent’s Views** | | | | | | | | | | | | | | | | | | | |
| **Learner’s Views** | | | | | | | | | | | | | | | | | | | |
| **Summary of concerns:** | | | | | | | | | | | | | | | | | | | |
| **If this relates to concerns around suitability/securing of EHC Provision (including concerns relating to PPL), please state which elements of Section F you are unable to secure.** | | | | | | | | | | | | | | | | | | | |
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| **Current PPL** |  | | **Are you suggesting an alternative PPL? (attach the funding form to reflect this)** | | | | | | **Yes** |  | | | | **No** | | | |  | |
| **Is the pupil at phased transition point?** | | | | **Yes** | | | | |  | | | | | **No** | | | |  | |
| **What went well?** | | | |  | | | | | | | | | | | | | | | |
| **What could have been better?** | | | |  | | | | | | | | | | | | | | | |

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| **ACTION** | | |
| **What is the outcome the setting is looking for? Refer to flowchart, options 1- 5** | |  |
| **If option 5** | | |
| **EHC AR Date and Time** |  | |

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| **List of who needs to be invited to the review:** | |
| **Name** | **Contact** |
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Please email this completed form to SEND Assessment & Review Team via EDT/SFX using the following email address:

SEND [SEND@hullcc.gov.uk](mailto:SEND@hullcc.gov.uk) and your caseworker directly.

To report the possibility of permanent exclusion please email to SEND Management [SEND.Management@hullcc.gov.uk](mailto:SEND.Management@hullcc.gov.uk)

Please title the email as **ACTION required** – **Placement breakdown**

**THANKYOU for taking the time to complete this form. This information will enable the SEND Assessment & Review Team to consider the appropriate next steps to be taken**

***OFFICE USE ONLY***

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| **SEND Officer/**  **Case worker** |  | | | **Date:** | |  |
| Comments: | | | | | | |
| **Tick to confirm there has been contact with the setting** |  | **Date** |  | | **Name of person contacted** |  |
| **Agreed Check in date:** |  | | | | | |
| **Check in update comments:** |  | | | | | |
| **Date:** |  | | | | | |
| **SEND Team Manager:** |  | | | **Date:** | |  |
| Comments: | | | | | | |