

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)*

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| **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**  |
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| **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** |
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| **Summary of current concerns:** |
| **Educational Setting’s Views (indicate which services and interventions have been offered to support with the impact to date)**

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| **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 and your caseworker directly.

To report the possibility of permanent exclusion please email to SEND Management 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: |