

Early Years Request for an Education, Health and Care Assessment

Please complete this form, including signatures; scan and submit electronically to sencasework@durham.gov.uk

Personal details (all fields MUST be completed)

Name of child:			
Date of birth:		Age in months:	
Address of child:			
Is this a protected address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the child looked after?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the child adopted or subject to SGO or CAO?			
Name of parent/carer:			
Address if different to above:			
Parent/carer telephone number:			
Parent/carer email address (preferable):			
Current setting:			

As well as this fully completed request form please also include:

The previous 2 reviewed SEN Support Plans and the current SEN Support Plan demonstrating all relevant and purposeful provision.	<input type="checkbox"/>
Up to date Costed Provision Map (Reception only)	<input type="checkbox"/>
Relevant Professional reports-(within the last 3 years)- that underpin current SEN and provision	<input type="checkbox"/>
Optional: My Story, individual timetable	<input type="checkbox"/>

Signed (referrer):		Date:	
Name of referrer:		Role of referrer:	
Signed: Head Teacher/Manager:		Date:	
Full name of Head Teacher/Manager:			

Assessment information	On Entry/Last Review	Current EYFS age/Stage Bands
Area of Learning and Development	Date	Date
Communication and Language: <ul style="list-style-type: none"> • Listening and attention • Understanding • Speaking 		
Physical development: <ul style="list-style-type: none"> • Moving and handling • Health and self-care 		
Personal, Social and Emotional: <ul style="list-style-type: none"> • Self-confidence and self-awareness • Managing feelings and behaviour • Making relationships 		
Literacy: <ul style="list-style-type: none"> • Reading • Writing 		
Maths: <ul style="list-style-type: none"> • Numbers • Shape, space and measures 		
Understanding the World: <ul style="list-style-type: none"> • People and communities • The World • Technology 		
Expressive Arts and Design: <ul style="list-style-type: none"> • Exploring and using media and materials • Being imaginative 		

Does the child/young person have any plans in place to support their needs?			
Individual Health Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	Personal Evacuation Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
EY Personal Education Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sensory Diet	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (please specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Moving and Handling	Yes <input type="checkbox"/> No <input type="checkbox"/>

Attendance	Start date:	% attendance:		
Patterns of Attendance (indicate the sessions the child currently accesses)				
Monday	Tuesday	Wednesday	Thursday	Friday
am	am	am	am	am
pm	pm	pm	pm	pm

Why is the setting seeking an EHC assessment?

Information about the child
Tell us what you know about the child:
Tell us about the child's strengths:
Overview of Educational Needs:
Chronology of referral/advice received and impact.
Details of EY SEN Support Funding/Support including DAF which the setting has received for this child.
Overview of Health Needs
Overview of Social Care needs

Needs:	Suggested Provision:	Frequency, Duration and Group Size:
Number specific SEN and corresponding provision		
Cognition and Learning:	1a.	
Communication and interaction:		
Social Emotional and Mental Health:		
Physical and Sensory:		

Desired long term outcomes
1.
2.

3.
4.
5.

Parent/Carer/Child Views

If the child can provide views verbally or by other means, please record their views. If not, please record the views of someone who can advocate for the child e.g. parents, carers, social worker

What are the child's aspirations for now and the future?

Child's views: Now: Future:
Parent/carer views: Now: Future:

Things the child is good at, interested in or enjoys: ('My Story' could be attached in lieu)

Child's views:
Parent/carer views:

Things that the child does not like or finds more difficult: ('My Story' could be attached in lieu)

Child's views:
Parent/carer views:

As parents/carers what do you hope an EHCP Assessment will bring?

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Privacy Notice

Durham County Council complies with all relevant statutory obligations. Personal information processed by the Council will be handled in accordance with the Council's privacy statement, which can be accessed here <http://www.durham.gov.uk/dataprivacy>

The SEND privacy notice provides more specific information on the data collected and how it is handled, a copy of which can be accessed here <http://www.durham.gov.uk/media/24795/Privacy-notice-special-educational-needs-support/pdf/PrivacyNotice-SpecialEducationalNeedsSupport.pdf>

If you have any concerns about how your data is handled, please contact either the Data Protection Officer at DPO@durham.gov.uk or the Information Commissioner's Office casework@ico.org.uk.

I/we agree to the request of an EHC assessment:		Date:	
Signed: (parent/carer):		Signed (child):	