

EHCNA 2

Education application

Request for information

This form is designed to gather information in accordance with the Children and Families Act 2014 and should be completed by **Educational Settings** who work with a child or young person who has Special Educational Needs and / or Disabilities.

Note: to accompany your application, it would be beneficial if you could sign post parents, carers and young people to submit their views using the **Education, Health and Care Needs Assessment: parent, carer and young person application**.

The parent, carer and young person application is **required** to give **consent** to the Local Authority regarding the sharing and gathering of information about the child / young person.

Article 5 (e) of the GDPR states personal data shall be kept for no longer than is necessary for the purposes for which it is being processed.

The sharing and requesting of information will be done only where it is necessary or where the Local Authority are legally obliged to do so and is strictly in accordance with the Data Protection Act 2018 and General Data Protection Regulation 2018.

Request to assess

I would like to request the Local Authority undertakes a statutory assessment on: _____

Head / Principal Signature: _____

Print: _____

Date: _____

Contact details

Family Name		First Names		
Address		Date of Birth		
		Telephone		
		Email		
I Attend/Recently Attended this Educational Setting				
Gender	First Language	Ethnicity	NHS Number	EHA / CIN / CP
GP contact details				
Persons with Parental Responsibility	Relationship		Contact Details (if different)	
Lives with				
Looked After Child (LAC)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Authority responsible for this child / young person				
If YES, What is the name and contact details of my social worker is				
Name			Address	
Tel				
Email				
Communication				
Who is the initial point of contact?				
How do they prefer to be contacted?				
Method:			Detail:	
Language Used at Home			Details of any interpretation/access support needed for the family	

Details of the person completing this form

Name		Role	
Tel No		Email	
Name of setting		Address of setting	
Signature		Date	

EYFS: current and previous attainment

Current academic year	Age in years and months			
Subject	Current level of attainment	Standardised score	Reading / spelling age	Previous years attainment
Reading				
Writing				
Numbers				
Shape, space and measure				
Making relationships				
Self-confidence and self-awareness				
Managing feelings and behaviour				
Listening and attention				
Understanding				
Speaking				
Moving and handling				
Health and self-care				
People and communities				
The world				
Technology				
Exploring and using media and materials				
Being imaginative				

Key stage 1 and 2 attainment

Current academic year		Age in years and months		
Subject	Current level of attainment	Standardised score	Reading / spelling age	Previous years attainment
Reading				
Writing				
SPaG				
Maths				

Key stage 3, 4 and post 16 attainment

Subject (adapt as appropriate)	End of Key Stage 3	End of Key Stage 4	Post 16 (College/Sixth form)	Further Education

Attendance

Current Academic year	Previous Academic Year	2 years previous

SEND and provision summary

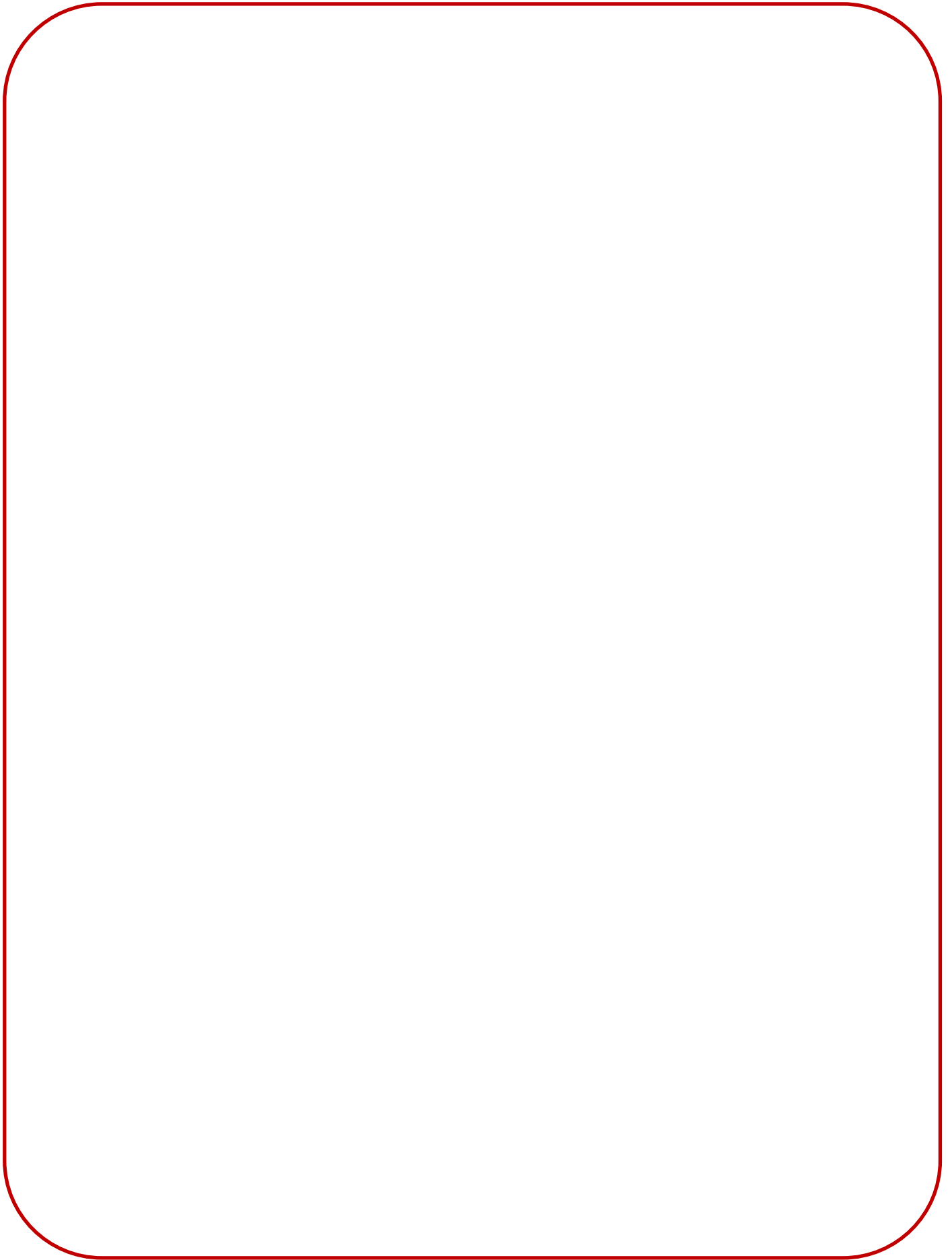
Summary of SEN	
What is the impact of the child / young person's SEN on their education?	
<p>What strategies have best supported this child / young person so far in their education?</p> <p><i>N.B. These should be specific, class and school based strategies which are relevant to the child / young person.</i></p>	

What are the child / young person's strengths and needs?


In as much detail as possible please provide an overview of the child / young person's strengths and needs (barriers to learning).		
Communication and Interaction	Strengths:	
	Needs:	
Cognition and Learning	Strengths:	
	Needs:	
Social, Emotional and Mental Health	Strengths:	
	Needs:	
Physical and Sensory	Strengths:	
	Needs:	
Independence and key skills	Strengths:	

	Needs:	
Preparing for Key Transitions	Strengths:	
	Needs:	
Preparation for Adulthood Compulsory from Year 9 onwards		
Higher Education and / or Employment	Strengths:	
	Needs:	
Independent Living	Strengths:	
	Needs:	
Participation in Society	Strengths:	
	Needs:	
Being as healthy as possible in adult life	Strengths:	
	Needs:	

Does the child / young person have any health or medical needs?



Does the child / young person have any social care needs?



Has there been, or is there currently any social care involvement?



What are the anticipated learning development outcomes you would like the child/ young person to achieve?

Outcome 1

Outcome 2

Outcome 3

Outcome 4

Are there any health outcomes you would like the child / young person to achieve?



Are there any social care outcomes you would like the child / young person to achieve?



Evidence and documentation required

Where possible please attach to your application:

- 3 cycles of the Plan Do Review process.
 - These should detail the level of support the child / young person is currently accessing through an SEN support plan.
 - Support plans should be reflective of practice and contain a critique of what provision is and has been in place.
 - You should be explicit in identifying strategies and provision which have and have not had impact in supporting the child / young person.

Additional Information

A large, empty rounded rectangular box with a yellow border, intended for additional information. The box is centered on the page and occupies most of the vertical space below the header.

Professionals who have helped to support the child / young person

Please provide details of anyone who has helped or supported you over the last 12 months (or longer in some situations). *Note: all contact details must be provided to allow advice to be sought accurately and in a timely manner.*

Name:

Role / Relationship:

Date of Involvement (From/Until):

Address:

Tel:

Email:

Name:

Role / Relationship:

Date of Involvement (From/Until):

Address:

Tel:

Email:

Name:

Role / Relationship:

Date of Involvement (From/Until):

Address:

Tel:

Email:

Name:

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Date of Involvement (From/Until):

Address:

Tel:

Email:

Name:

Role / Relationship:

Date of Involvement (From/Until):

Address:

Tel:

Email:

How do I submit this form?



Please fill in this form in a Word format.



Save your document as:

EHCNA, Surname, First name, Date of Birth
E.g. EHCNA Smith John 050512



Now print off and sign.



Please also scan and save as a PDF and **send both Word and PDF documents using the above file names** to our service.



Please email the form using a **secure method** (i.e. encryption) to the EHCP Team at:
senassessmentandreview@barnsley.gov.uk



Important: Please use the subject line **EHCNA** in your email.



You can then post your form to:

The EHCP Team
Assessment & Review
BMBC
PO Box 634
Barnsley
S70 9GG



For any enquiries, you can call our service on:

01226 773 966



BARNSLEY
Metropolitan Borough Council

BARNSLEY EDUCATION, HEALTH & CARE PLAN TEAM
ASSESSMENT & REVIEW