

EHCP information – Settings

Date Stamp – Received
by SEN

Please return to:
Southwark Children's & Adults' Services
Special Education Needs Section
4th Floor, Hub 3
PO Box 64529
London SE1P 5LX
020 7525 4278
sen@southwark.gov.uk

SOUTHWARK EDUCATION SERVICES

Please complete **all** boxes, where not applicable please state the reason why. The checklist **must** be checked off and all appropriate reports attached such as original diagnosis report. Other reports should usually not be older than 18 months.

Child's details:			
Name:	Date of birth	Year group	UPN
First Language:	Additional language(s)		Gender

Details of all those with Parental responsibility:		
Name	Address	Contact details

Child's address if different from above	
Child's home LA	

Current provision
Name of setting / school:
Address of setting / school:
Telephone:

Date child joined the setting / school:		Attendance as a % over the past year:	
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Additional information re attendance:

Your details:	
Name:	Position
Address:	
Telephone:	Email:
Signed:	Date

Details of involvement of external agencies		
Name	Address	Contact details

SEN SUPPORT

Please complete all sections of this form, in accordance with the guidance contained in the SEN Code of Practice 2014.
Please complete these sections in detail and refer to any appended reports, reviews and assessments of the child's special educational needs

Describe the child, including strengths, interests, talents and areas of need including any diagnosis

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LEVEL CRITERIA

Date SEN Support began

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Describe the nature and severity of the child's educational needs with reference to the four areas of need as identified in the COP

Evidence attached

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Describe the impact of the child's needs on their learning and progress

Evidence attached

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Describe the impact on curriculum access and participation:	Evidence attached

Describe the impact on personal and social development:	Evidence attached

Give details of attainment and progress over the time of SEN Support <i>Include curriculum details, P levels or similar and records such as tracking data, Include details of other relevant aspects such as social skills, behaviour, self care, confidence, Comment on significance of progress e.g. compared to norms/similar peers/self or with reference to start points</i>	Evidence attached

PROCESS CRITERIA

Describe the 'Assess, Plan, Do, Review' cycle and how has this been revisited and built upon over time in order to identify, assess and address needs. Include school-based information, Early Help (or equivalent) and parent and pupil involvement.

Describe the assessment procedures used over time by the school/setting, Early Help and outside/specialist agencies and the role of parents and pupil.	Evidence attached

Describe the priority outcomes, planning and provision used over time by the school/setting, Early Help and outside/specialist agencies and the role of parents and pupil.	Evidence attached

Describe the use of resources and expertise over time by the school, Early Help and outside/specialist agencies and the role of parents and pupil	Evidence attached
<p>Attach costed provision maps demonstrating how the school has utilised its resources to make provision. This must clearly show purposeful, evidence based provision costing at least the £6000 threshold from the notional SEN budget. Settings may also wish to show provision provided from other funding streams Electronic Ready Reckoner can be accessed via the following link: http://www.education.southwark.gov.uk/leadership-management/special-educational-needs-and-disabilities/statutory-processes-advice-and-guidance</p>	Ready Reckoner

How has monitoring supported the amendment, evaluation and effectiveness of the planning and provision over time? Describe the judgements on impact, including the views of parents and pupil.	Evidence attached

Describe why a statutory assessment will support the planning and provision to meet the child's special educational needs:

RESOURCE CRITERIA

Using your professional opinion and the advice of other agencies set out what **intervention, planning and provision** is required for this child and the implication for resources (people, time, materials and funding) to achieve the desired medium and longer term outcomes.

Describe the priority outcomes and the resources required to address Health, Safety and personal care needs	Evidence attached

Describe the priority outcomes that require specialist facilities, equipment and aids and the resources required to provide them.	Evidence attached

Describe the priority outcomes that require specialist input and the resources required to provide this.	Evidence attached

Describe the priority outcomes that require highly individualised curricular or other arrangements and the resources required to provide them.	Evidence attached

CHECKLIST:

It is essential that you provide the following:	Tick if enclosed
Evidence of the child / young person's achievements (attainment and progress) compared to norms, peers from the same start point or expectations of the child.	
Evidence of the involvement and views of EHS and /or external agencies including, where applicable: Educational Psychologist Service, Educational Welfare and Attendance Service, Health Authority and Social Services Department Include copies of reports or minutes of review meetings held at various stages over the past year,/18 months where appropriate	
Copies of reviewed individual planning for the child / young person over the past year,/18 months. Include examples of curriculum planning	
Copies of detailed and costed provision maps for the past year /18 months and ready reckoner	
Evidence of involvement of parents and any written comments	
Evidence of involvement of the child / young person and any written comments	
Dated and annotated example of child / young person's work, where appropriate (A maximum of 2)	
A signed copy of the parental agreement form to share information	
Please make sure this form is signed and dated by yourself (see Page 2)	

CHILDREN'S & ADULTS SERVICES

PARENTAL AGREEMENT TO PARTNER AGENCIES SHARING INFORMATION FOLLOWING A REQUEST FOR AN EDUCATION, HEALTH AND CARE NEEDS ASSESSMENT

CHILD'S DETAILS			
Name:		Date of birth:	
Current School			
<p>So that the Southwark Council SEN team ("the SEN team") can respond to my request for an education, health and care needs assessment I agree that the SEN team can seek information already held about my child from Southwark Council's Education services, Family Early Help, Social Care services, from any school or educational setting attended by my child and from Southwark CCG and any relevant Health Trusts in addition to any professionals I have asked you to contact.</p> <p>I also agree to the SEN team making referrals to any of the above services where it has been identified as appropriate by professionals considering my request for assessment and making referrals to any other service or organisation where its assistance is needed to identify the appropriate provision required for my child. I understand that any such referral will include relevant information held by the SEN team about my child.</p> <p>If the Southwark Council SEN team agrees to begin an education, health and care needs assessment of my child, I agree to a Medical Examination if required, an assessment by an Educational Psychologist, an assessment by any therapist as required (e.g. speech and language therapist) and for any information obtained by the SEN team relating to the assessment of my child, to be shared with all Services and partner agencies who are consulted in connection with the assessment process.</p> <p>Examinations and assessments are required as part of the Statutory Assessment process for education, health and care needs under the Children and Families Act 2014 and the SEND regulations 2014.</p>			
Parent/Carer Name (In BLOCK CAPITALS)			
Signed:		Date:	
Please confirm whether you have parental responsibility for the child named above	Yes/No		

DATA PRIVACY NOTICE

Data protection legislation states that the Council can only process your data, if we have one of the following reasons to do it.

- 1.it is necessary to comply with a legal obligation,
- 2.it is necessary to fulfil a contract
- 3.it is in the vital interests of the data subject, e.g. life or death situations
- 4.it is in the official authority/public interest to process your data,
- 5.we have your consent,

By signing this form you have given us consent to process the data referred to.

Full details of the Council's data privacy notice can be found on the Southwark Council website, or by contacting the council's Data Protection Officer by email dpo@southwark.gov.uk, telephone 0207 525 5000 or post:

Data Protection Officer
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PO Box 64529
London
SE1P 5LX