Parent/Carer Agreement - Application for an Education, Health and Care Needs Assessment

Please this form for children under the age of 5 years

Name of Child:	
D.O.B:	Age in Years and Months:
Name of Setting:	
Key Stage:	Year Group:
I agree to:	
Education, Heal	n of a request to the Local Authority for additional funding/initiation of an th and Care Needs Assessment for my son/daughter (if they are under 16 years elf (if over 16 years of age).
	tion submitted as part of this referral to be shared with Education, Health and fessionals and discussed at any relevant panel meetings.
to allow the nec	nade to undertake an Educational, Health and Care Needs Assessment, I agree essary medical health, educational, psychological and social care assessments d for such information and reports to be shared with the Local Authority.
•	ctions obligations and commitments are set out in the council's privacy notice .uk.
	es additional privacy information for people accessing the SEND (Special and Disability) Assessment Service and partners working with Bolton Council.
It describes how we	collect, use and share personal information about you:
 the types of p 	the SEND (Special Educational Needs and Disability) Assessment Service personal information we need to process, including information the law 'special' because of its sensitivity
on specific occasion	ou read this notice, together with any other privacy information we may provide is when we are collecting or processing personal information about you, so that so and why we are using such information.
Print Full Name:	
Signed:	
Date:	



Child Details:

Application for an Education, Health and Care Needs Assessment

Please complete the following	Early Help (EH)/Core Asses	sment informatio	n:			
Child Details:						
Name of Child:						
D.O.B:	Age in Years and Mor	nths:				
Name of Setting:						
Key Stage:	Year Group:					
Early Help/Core Assessment:						
EH Version:	Origin Date:	Review Date:	Date of last review			
Lead Professional:						
EH/Core Assessment Attached:		Have you attached the EHA? Children who are LAC will have a Core Assessment.				
Is the child/young person LAC?	Yes/No					
	Current Academic Year	Last Acade	emic Year			
Exclusions						
Internal Exclusions						
Attendance						
Possible						
Actual						

⁻ Can input the table from an online register if available. If you use handwritten registers make a comment regarding the child's attendance.

Bolton Council

Section A: All About Me – To be completed with parent/carers

Ages 0-5 years – To be completed by parent/carer on behalf of a child

Full Name of child or young person:	
Known as:	
Date of Birth:	
Education UPN or NHS Number:	
Parent/Carer's names: (please indicate parental responsibility)	
Home telephone number:	
Mobile number:	
Email address:	
School/college/other setting: (include address)	
Current Photo	Health and Development

Please write this in the first person if the	CYP is clear in their	r views and in the third p	person if the CYP's
views have been interpreted by an adult.			

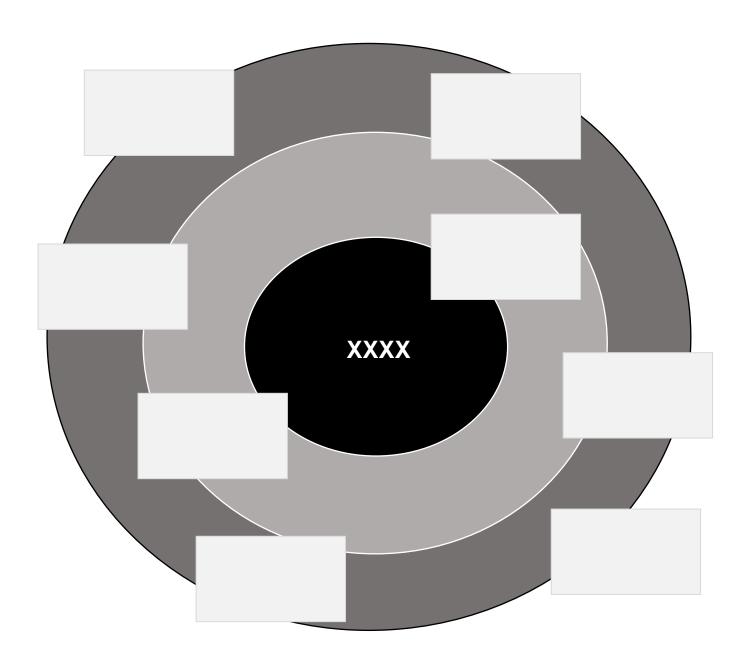
How does XXX prefer to communicate? Child/Young person's views
Parental views
How is it best for people to communicate with XXX?
What are XXX's achievements/What do they do well?
Child/Young person's views
Parental views
What are your aspirations for XXX/what to you want for the future? Child/Young person's views
Parental views

What is important to XXX now and in the future? (This might include learning, training, communication, care, health, relationship, employment, independent living, housing, community, leisure, travel, inclusion etc)
Child/Young person's views
Parental views
How best to support XXX now and in the future? (think about: How they prefer to communicate? What help they need to make decisions? How to present information and choice. Things they are interested in)
Child/Young person's views
Parental views

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PEOPLE WHO SUPPORT ME

(to include a description of the role of this person and the support that they provide) Please add as many boxes as needed



Please indicate the child/young person's MAIN area of difficulty (please tick only 1 box)

()	gnition & Learning: Specific Learning Difficulty (SpLD) Moderate Learning Difficulty (MLD) Severe Learning Difficulty (SLD) Profound & Multiple learning Difficulty (PMLD)
So	cial, Emotional and Mental Health difficulties
	Social, emotional and mental health difficulties (SEMH)
Со	mmunication and Interaction Needs:
` '	Speech, Language and Communication Needs (SLCN)
()	Autistic Spectrum Disorder (ASD)
Sei	nsory and/or Physical Needs:
	Visual Impairment (VI)
	Hearing Impairment (HI)
٠,	Multi-Sensory Impartment (MSI)
()	Physical Disability (PD)

Relevant Background Information:

Education Chronology					
Date	Year Group	Setting			
Home/Family Info	ormation (Max: 30	0 words)			
-Any information	about home that	you think is relevant and useful to the application.			

Present Setting Arrangements:

(Please give a description of the class/cohort organisation to include total number of learners, any additional adult support available, small group work activities and the number of learners at SEN Support and with EHCPs. Please also include the experience/qualifications of staff. Include the specific support the child has received from setting resources in the section re: Provision Mapping). Max 500 words

-Generic information about the room the child is in -Days child attends -Total number of learners in the child's room How many children are at SEN support? How many children have an EHCP? -Group activities that the child participates in/general set up /story time/circle time -Nursery staffing and qualifications
Is a Play Plan/IEP in place? Who works on targets? How? E.g., 1:1/small group/modelling etc

SEN Support Intervention Provision Map

WHAT IS/ARE THE CHILD/YOUNG PERSON'S IDENTIFIED NEEDS:

ASSESS	PLAN	DO			RE		
Key findings/outcomes from observations / assessments / review	Targets agreed with parents and specialist support service to address the identified needs	Intervention in place (e.g. Sounds-Write, Anger Management etc.)	Who is delivering the intervention	How often is this being delivered – please list any exceptions to this	Date of review of targets with parents and specialist support service	Progress towards target (ranking 1 – 5 as per Annual Review docs ranking)	COST to school
Include information from assessments and observations here. What CAN the child do now? What are their next steps?	Include all the child's targets for the cycle here.	Include any interventions here – wellComm, Language Through Listening, Attention Autism etc.	Nursery practitioners, Ladywood Outreach, Speech and Language Therapy, Physiotherapy etc	Please note any periods of absence.	Review date	Provide any information regarding progress.	Any costs can be recorded here e.g., training costs, additional staff, resources etc. Inclusion Fund can also be included here if applicable.

	EXAMPLE –	EXAMPLE –	. EXAMPLE –	EXAMPLE -	EXAMPLE –	EXAMPLE –	
Cycle 1	Johnny is beginning to show an interest in the cars and particularly the click clack track. He is not yet accepting another child or adult playing alongside him.	For Johnny to play alongside a familiar adult for up to 1 minute twice per session when using his own resources.	Familiar adult (Mrs Brown) to play alongside Johnny with the same toy at a distance – gradually reducing the distance and increasing the time.	Mrs Brown	Twice per day.	July '23	
Cycle 2	EXAMPLE – Johnny is now accepting Mrs Brown playing alongside him for up to 2 minutes. He is not yet interacting with her during play or to make a want/need known.	For Johnny to request 'go' during a highly motivating activity (e.g., click, clack, track) using his preferred method of communication e.g., eye gaze, pointing, verbal communication etc, 1 time out of 3.	EXAMPLE – Mrs Brown to play 'Ready, Steady, Go,' with Johnny for up to 30 seconds once per day. Encouraging, him to request 'go' using his preferred method of communication before releasing a car down the click, clack, track	EXAMPLE – Mrs Brown - Johnny's Key Worker	EXAMPLE – Once per day.	EXAMPLE – Sept '23	
Cycle 3							

Cycle 4				

Identification of Special Educational Needs

For children in the Early Years Foundation Stage:

Please complete the following, being as precise as possible, giving examples/descriptors of child's functioning and tick the correct boxes related to age related expectations. Where appropriate you can add additional developmental summaries to the application such as the Developmental Journal Profile or ASQs.

Provide as much information as possible for each area of learning. Give examples, include strengths and needs.

Personal, Social and Emotional Development:

(Include self-help skills, levels of independence, interaction with peers and adults)	

	At Age Related Expectations	Not Yet		At Age Related Expectations	Not Yet
Birth – 3 Years			3-4 Years		

Communication and language:

(Include descriptions of expressive and receptive skills, attention, concentration and listening skills and social use of language)

	At Age Related Expectations	Not Yet		At Age Related Expectations	Not Yet
Birth – 3 Years			3-4 Years		

Include self-he	elp skills relating to	any physical (development, se	ensory and gross/fin	e motor ski
	At Age Related Expectations	Not Yet		At Age Related Expectations	Not Yet
Literacy:	ation about the ch	ild's interest in	3-4 Years books, mark ma	aking and rhymes a	nd songs)
Literacy:	ation about the ch	ild's interest in		aking and rhymes a	nd songs)
Literacy:	At Age Related Expectations	ild's interest in		At Age Related Expectations	nd songs) Not Yet
Literacy:	At Age Related			At Age Related	
Literacy:	At Age Related		books, mark ma	At Age Related	
(Include information) Birth – 3 Years	At Age Related		books, mark ma	At Age Related	

	At Age Related Expectations	Not Yet		At Age Related Expectations	Not Yet
Birth – 3 Years			3-4 Years		

Understanding of the World:

(Include information about how the child makes connections with family, adults and peers. Consider how the child explores material in the environment and how things work)

	At Age Related Expectations	Not Yet		At Age Related Expectations	Not Yet
Birth – 3 Years			3-4 Years		

Expressive Arts and Design:

(Consider how the child responds to rhyme, role-play, music, dance, art and how they explore different media)

	At Age Related Expectations	Not Yet		At Age Related Expectations	Not Yet
Birth – 3 Years			3-4 Years		

Implications for Learning

Expected Progress for the Identified Child/Young Person:

(Using information you have for the child and that from an Educational Psychologist and relevant support services, please detail what progress you have expected the child to make over the past 12 months and whether they have made this progress)

Has the child moved from another nursery/childminder setting? Is this their first setting?

Baseline – where was the child working when they started? (Include the prime areas of learning) e.g.,

Communication and Language

	At Age Related Expectations	Not Yet		At Age Related Expectations	Not Yet
Birth – 3 Years		x	3-4 Years		

Developmental Journal - Communication and Language - Step 3

Who has supported the child since? EP/SALT/PT etc

Have any referrals been made to other services e.g., BSCIP/EP/SALT?

What interventions have you put in place?

Discuss any progress made. Developmental Journal/EYFS (Progress may not yet be evident through the EYFS alone.) Developmental Journal steps can be included to show steps in progress.

Include an overview of where the child is currently working, he/she is currently working at:

Communication and Language

	At Age Related Expectations	Not Yet		At Age Related Expectations	Not Yet
Birth – 3 Years		х	3-4 Years		

Developmental Journal – Communication and Language – Step 5

When have assessments been completed and by who? Results from the ASQ, WellComm, Two Year Assessment etc can be included.

When is the child due to start school? Have parents any preference of school/have they received any advice around schools/looked around? Include preferences here if known, for example:

- Johnny's parents' preference is for him to attend specialist provision, their first choice is XXX

-	Johnny's parents' preference is for him to attend mainstream provision, their first choice is XXX

Implications for Access to EYFS Curriculum / National Curriculum and Wider Setting Curriculum:

(Using the information provided above regarding the identification of special and/or additional educational need(s), please describe the implications for learning)

Consider the child's individual needs and how their learning may be impacted, what support will the child need to ensure that they meet their full potential? (Consider advice from other professionals.)

Think about:

- SEMH
- Safety
- Mobility
- Self-help skills
- Sensory needs
- Interaction with peers/familiar or un-familiar adults
- Listening and attention skills
- Social communication skills
- The prime areas of learning

What support does the child currently receive to meet their individual needs? Which strategies/interventions are implemented?

Consider:

specialist equipment, specialist teaching, high adult to child ratio, high level of supervision, small group work, PECS/SALT/Visual aids etc.

1:1 support/small group work e.g., Attention Autism/WellComm interventions/Language Through Listening – how will this be used to support the child? E.g., to develop turn taking skills, to develop social communication skills etc.

Continued interventions – What is the purpose of the intervention? How will they support the child's needs?

What are the short-term targets? (Include 2 or 3 targets)

Are the targets SMART?

Outcomes to be achieved and provision required	
catechies to be defined and provident required	

(Please identify the outcomes that you would expect the child/young person to achieve by the end of Key Stage One and the nature of the provision - e.g. staffing time to deliver what; training; equipment; modification of the setting environment; materials etc - that you are requesting in order to achieve these outcomes).

Outcomes to be achieved over the next key stage. These should clearly relate to skills that will be required for Employment, Independent Living, Community Inclusion and Health	Provision required to achieve these outcomes
What should we be aiming for? Try to involve	Additional adult support/specific
parents as much as possible to find out what is	resources/training/equipment etc
important to them:	Learning Disabilities Team SALT
Independence?	Occupational Therapy
Communication skills?	Coospanional morapy
Relationships?	
	If 1:1 support what will that person be doing to support the child?
	A placement in a school which will have an understanding of the child's SC, C&L needs/skilled adult support/appropriate toileting & changing facilities/opportunities for/adult support for

Additional Evidence:

What have you included with the application? List all documents/reports that you have included with dates.

Ensure all essential evidence is included – see the check list at the back of the form for further information.

Evidence of Target Setting Play Plans/IEPs/IBPs/Care Plan

Please provide documentation to evidence that the child, young person and their parents have been involved in a graduated approach to meeting any identified special educational needs. This should include evidence of assessment, planning (target setting relevant to the identified need(s)) and review that has taken place over at least 2 terms. Any personalised provision maps or other individual planning should also reflect the advice given (including that from other professionals who have been consulted), the strategies used and an evaluation of progress made over a period of time.

Please ensure that you have received parent/carer/guardian permission for this referral to be made, which will include the sharing of information with colleagues from the Local Authority.

Signed (practitioner):		
Name		
Name		
(practitioner):		
Designation		
Designation:		
Signed		

(parent/carer/guardian)		
_		
Date:		

Please email completed requests and all supporting document, for example The Educational Psychology report, support services report etc. to:

Email: ea.senreferrals@bolton.gov.uk

Check List

Documents required when requesting an Education, Health and Care Needs Assessment

Category 1 (Obvious unmet need)

This applies to children where there is clear evidence that they have profound and multiple learning difficulties; severe and complex learning; severe physical disabilities or a significant sensory impairment.

Cognition & Loarning Needs	SLD	
Cognition & Learning Needs	PMLD	
	VI	
Canaan, & Dhysical Needs	HI	
Sensory & Physical Needs	MSI*	
	PD	

^{*}Evidence strands as for HI and VI

Essential evidence		Appended as report
Early Help Assessment Plus		
	Educational setting (if attending)	
SLD	Medical Consultant	
	EP	
	Educational Setting (if attending)	
PMLD	Medical Consultant	
	EP	
	Educational Setting (if attending)	
VI	Sensory Support Service	
	Orthoptist	
	EP	
	Educational Setting (if attending)	
HI	Sensory Support Service	
	Audiologist	
	EP	
PD	Educational Setting (if attending)	
	Medical Consultant	
	Occupational / Physiotherapist	

Category 2 (developing/emergent needs)

The majority of pupils will fall under Category 2 and evidence needs to be submitted to show a graduated response to the child's needs in line with the SEN Code of Practice.

Essential Evidence		Appended as report
Early Help Asse	essment	
All About Me		
Plus Cognition	and Learning	
	Education setting	
	Ladywood Outreach Service	
MLD	EP	
	Other professionals involved with the C/YP	
	Education Setting	
0.15	Specialist Teacher	
SpLD	EP	
	Other professionals involved with the C/YP	
Social, Emotion	nal and Mental Health Difficulties	
	Educational setting	
05141	Behaviour Support Service	
SEMH	EP	
	Other professionals involved with the C/YP	
	SDQ scores	
Communication	n and Interaction Needs	
	Education setting	
	Ladywood Outreach Service	
SLCN	S & L Therapist	
	EP	
	Other professionals involved with the C/YP	
ASD	Educational setting	
	Ladywood Outreach Service	
	Medical Consultant	
	EP	
	Other professionals involved with C/YP.	

Sensory & Physical Needs		
	Educational setting	
	Sensory Support Service	
	Medical Consultant	
VI	Orthopist	
	EP	
	Other professionals involved with the C/YP	
	Educational setting	
	Sensory Support Service	
	Medical Consultant	
HI	Audiologist	
	EP	
	Other professionals involved with C/YP	
MSI	Evidence required for both VI & HI	
PD	Educational setting	
	Ladywood Outreach Service	
	Medical Consultant	
	Occupational/Physiotherapist	
	EP	
	Other professionals involved with the C/YP	