# School Request for Statutory Assessment of Special Educational Needs and Disability

For support in completing this document please refer to the [SEND Local Offer: shropshire.gov.uk/the-send-local-offer](https://www.shropshire.gov.uk/the-send-local-offer/). Information and evidence can be submitted in alternative formats including video.

Please complete the summary sheet, attach all necessary reports and supporting evidence and return to the SEN TEAM via encrypted email to: SENrequestsforassessments@shropshire.gov.uk

For further information on this process please contact 01743 254267

**CYP and Educational setting Details**

Name of Child / Young Person:

Child’s preferred name:

Unique identifier (UPN):

NHS Number:

Date of Birth:

Address:

Please indicate the phase of the child/young person

⃝ Early years:

⃝ School:

⃝ Post 16:

Year Group:

Home language (preferred language):

Ethnicity:

Gender at birth:

Gender identified:

Attendance % (last 12 months):

Is this a CLA pupil? [Include Authority if yes]:

**Contact details, young person (if applicable ) -**

Home Tel:

Mobile:

Email:

Educational Setting Name:

Named Contact:

Telephone:

Email:

Main Telephone Number:

Admission Date:

Date of request:

Does this child/young person currently have involvement from a Social Care service that may include social care worker, early help worker, post adoption team, children’s disability team, special guardianship? Yes/No:

If yes, please provide contact details:

**Consent**

Consent of parent/carer:

I consent for Shropshire Council undertaking a statutory assessment / re-assessment of special educational needs, which may result in an Education Health and Care Plan (EHCP) for the child named above.

I consent for Shropshire Council to request, obtain and share information with relevant agencies when carrying out their functions regarding: assessment, planning and commissioning as part of the Children’s and Families Act 2014 for the child named above. SEN Team Privacy/Sharing Notice.

I will notify the SEN Team if any of my contact details above change.

**Name of Parent / Carer / Guardian 1**:

Relationship to child/young person:

Does this person have parental responsibility (PR)?

Address (if different to child/young person):

Email address:

**Name of Parent / Carer / Guardian 2**:

Relationship to child/young person:

Does this person have parental responsibility (PR)?

Address (if different to child/young person):

Email address:

Name of Foster carer:

If those detailed above do not have PR, who does?

Is either parent in the armed forces? Yes/No

Preferred contact number:

Signature:

Date:

Consent of child/young person (**must be included if over 16**):

Signature:

Name in block letters:

Date:

**Summary of attachments**

|  |  |
| --- | --- |
| Information included | Please indicate if provided |
| Appropriately signed request form – SENCO/ Headteacher |  |
| Pupil Centred Plan / One Page Profile or equivalent (which includes short term outcomes) |  |
| Plan Do Review |  |
| Provision Map indicating what is above and beyond what is ordinarily available (ideally over a week) Provide relevant contextual information |  |
| Medical Questionnaire |  |
| Social Care Questionnaire |  |
| All about me/ all about us - completed by family |  |
| Any recent and relevant professional advice that has supported identification and provision at SEN Support |  |
| Information about social care/early help involvement/needs Whole Family Webstar assessment – to demonstrate this process has begun where there is no known social worker |  |
| Information about Health involvement/needs, including any school nurse involvement, that has supported identification and provision at SEN Support. Include clinic letters / diagnostic reports where applicable. |  |
| Please attach a copy of the Personal Education Plan if applicable |  |

**Summary of areas of SEN**

Please describe the needs as presented/identified in the educational setting

Please provide any information from previous setting if available

|  |  |
| --- | --- |
| Communication and Interaction |  |
| Cognition and Learning |  |
| Social, Emotional and Mental Health |  |
| Sensory and/or Physical Needs |  |
| Health needs  (Include diagnosis and diagnostic reports, the date of diagnosis and who completed diagnosis. Please indicate impact of Health needs on access to education.  Attach a copy of the Individual Health Care Plan if applicable. |  |

**Attainment**

Please add/attach/include current attainment and progress over the last 12 months:

**Provision**

Please list all appropriate and relevant strategies, intervention and provision. And what is different from and additional to what you are currently doing; What is it for, how often and by whom? This should be what the CYP needs, not limited to what you are already providing. List (with details) the key agencies that have been involved:

**Other relevant information**

**Declaration**

This EHCNA request has been discussed with parent/carer and child/young person? (Yes/No)

Details of person completing form:

Name:

Role:

Email:

Tel:

Signature:

Date:

If different from above:

Signature of Headteacher:

Name in block letters:

Date: