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| **Statutory Advice Contribution to Education, Health & Care Needs Assessment**This advice is provided on the child/young person in relation to the terms of the Children and Families Act 2014 (Section 36) and of the SEND Regulations 2014 (Part 2 - Section 6, 7 and 8). ***Please indicate with ‘n/a’ if the box heading is not relevant to your involvement with the child / young person.*** |
| **Child / Young Person Information:** |
| Full name |  | Date of birth |  |
| Home address |  | Contact details | Tele:Email: |
| Educational placement name  |  | NC year group |  |
| Gender |  | Home Language/s |  |
| Parents/Carers name |  | Parents carers with parental responsibility |  |
| GP surgery and address |  | NHS number |  |
| *Information in this following section will usually come from social care services* |
| Is the Child Looked After (CLA))? Yes[ ]  /No[ ]  | If yes, allocated Social Worker to indicate arrangements under:Interim Care Order [ ] Care Order [ ] Section S20 [ ]  | Is the Child/young person on a Child in Need Plan?Yes[ ]  /No[ ]  | Is the child/young person on a Child Protection plan?Yes[x]  /No[ ]  |
| Which legal framework is the social care support/provision provided under?  | Chronically Sick and Disabled Persons Act (CSDPA) [ ] Children Act 1989 [ ] Care Act 2014[ ]  |
| Does the child/young person have anindependent advocate?  | Yes [ ]  **/** No [ ] *If yes, please provide name and contact details* |

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| Please confirm that you understand this is statutory advice for EHC needs assessment and you may be required to justify your advice at SEND Tribunal | Yes [ ]  | No [ ]  (Please contact the allocated Case Officer for information) |

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| **Professional Information:**  |
| Name:  | Signature:  |
| Designation/Job title:  | Date:  |
| Service/Team name: | Email Address: Telephone number:  |

Please use this form to comment on any aspect of the child/young person’s development of which you have direct knowledge and experience. You are requested to give detailed information regarding any identified needs, objective evidence and provide the results of any assessments or examinations, with dates, under the headings provided. **If you are basing your evidence on reports from other sources, please make this clear in your advice.**

| **Part 1: Background Information***Provide information around relevant history, the current support in place, and the reason for your involvement with the child / young person.* |
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| **Part 2: Views and Aspirations***Parent Carers and Education settings can support the child/ young person to communicate their views & goals.* |
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| How the child/young person communicates and expresses their wishes to make decisions:  |
| Things the child/young person says they like and dislike: |
| Things the child/young person says are going well and not going so well: |
| What the child/young person says about their plans/goals about future jobs, learning, living arrangements and friendships etc: |
| **Parent(s) / Carer(s) views, goals and aspirations etc. for their child/young person.** |
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| **Part 3: Assessment details** *Include details of any assessments, observations, other sources/reports used to summarise your findings* |
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| **Part 4: Strengths & Special Educational Needs** *Professionals are only required to provide information on strengths and needs for areas directly assessed in their capacity.* |
| **If the child is under 13 years, please provide details on the below:** |
| 1. **Communication and Interaction –** use and understanding of language and social interactions
 |
| **Strengths / what is working well** | **Difficulties and impact on their leaning** |
| *Use of language, Understanding of language, social interaction* | *Use of language, Understanding of language, social interaction* |
| 1. **Cognition and Learning –** attention & listening, academic abilities, confidence with learning
 |
| **Strengths / what is working well:** | **Difficulties and impact on their learning** |
| *Attention & listening, academic skills, cognitive abilities, resilience & confidence with learning.* | *Attention & listening, academic skills, cognitive abilities, resilience & confidence with learning* |
| 1. **Social, Emotional and Mental Health –** social communication, friendships/relationships, emotional literacy/regulation
 |
| **Strengths / what is working well:** | **Difficulties and impact on their learning** |
| *Social communication, friendships & friendships, emotional regulations/relationships, mental health* | *Social communication, friendships & friendships, emotional regulations/relationships, mental health* |
| 1. **Sensory and Physical –** sensory difficulties,gross motor, fine motor, sensory processing, and independence & self-care
 |
| **Strengths / what is working well:** | **Difficulties and impact on their learning** |
| *Gross & fine motor skills, sensory, independence & self-care to include eating, toileting, and awareness of dangers.* | *Gross & fine motor skills, sensory, independence & self-care to include eating, toileting, and awareness of dangers* |
| **If the child/young person is 13 years of age/above, please consider their Preparation for Adulthood**: [Council for Disabled Children - PfA](https://councilfordisabledchildren.org.uk/resources-0/preparing-adulthood/preparing-adulthood-and-annual-reviews) [NDTI - PfA Resources](https://www.ndti.org.uk/resources/preparing-for-adulthood-all-tools-resources)  |
| 1. **Education, employment & training –** use & understanding of language, attention & focus, academic skills and careers choice & planning
 |
| **Strengths / what is working well** | **Difficulties and impact on their learning** |
| *use and understanding of language, academic skills, attention & focus and Career choice*  | *use and understanding of language, academic skills, attention & focus and Career choice*  |
| 1. **Independent living –** Taking care of self, independent travel, organisation skills, making choices, keeping safe
 |
| **Strengths / what is working well:** | **Difficulties and impact on their learning** |
| *Self-care, travel/using public transport, making choices about living, managing technology safely* | *Self-care, travel/using public transport, making choices about living, managing technology safely* |
| 1. **Friends, relationships and community participation –** social communication, maintaining relationships, participation in activities
 |
| **Strengths / what is working well** | **Difficulties and impact on their learning** |
| *Friendships- social communication and interaction, understanding relationships/social norms, clubs & participation.* | *Friendships- social communication and interaction, understanding relationships/social norms, clubs & participation.* |
| 1. **Good health –** emotional regulation, sensory, gross & fine motor skills, advocating for own health
 |
| **Strengths / what is working well** | **Difficulties** **and impact on their learning** |
| *Emotional regulation and mental health, sensory, gross & fine motor skills, managing own health* | *Emotional regulation and mental health, sensory, gross & fine motor skills, managing own health* |

| **Part 5: Health** *Information here will be provided by health care professionals as directly assessed by appropriate healthcare professional. Please include diagnosis where applicable.* |
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| **Strengths / what is working well** | **Difficulties and impact of their health needs on their learning** |
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| **Part 6: Social Care** *Information in this section can come from range of professionals to include from parent carers, social worker, Early Help workers and Short Break Team* |
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| **Strengths / what is working well** | **Difficulties and impact on learning and social interactions** |
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| **Part 7: Recommended Outcomes and Provision**  |
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| **Outcomes***To be achieved by MM/YYYY / by the end of Key Stage X* | **State what the provision is?** | **Who will deliver this, how often and for how long?** | **When it will be reviewed and by whom?** |
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*Add as required.*

Please return this completed form and supporting evidence to sen@hounslow.gov.uk

*April 2024*