|  |  |  |  |
| --- | --- | --- | --- |
| General Information | | | |
| Child/young person’s details: | | | |
| Name | Date of birth | Year group | UPN: |
|  |  |  |  |
| Address | | GP details | |
|  | |  | |
| First Language | Additional language(s) | | Gender |
|  |  | |  |
| Ethnicity | Social care status | | Religion |
|  | Choose an item. | |  |
| **NHS number** | Emergency contact *(who should be contacted if parents are unavailable)* | | |
|  |  | | |

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| --- | --- | --- | --- | --- | --- |
| Details of all those with Parental Responsibility:  ***Please ensure you detail any people who should not have information shared with them (with evidence)*** | | | | | Is the LA able share information with them? Y/N |
|  | Name | Address (if different from above) | Email address and/or telephone number: | Do they require support with the process? (e.g. translation or SIAS) |  |
| Parent/carer 1 |  |  |  |  |  |
| Parent/carer 2 |  |  |  |  |  |

|  |
| --- |
| Current provision |
| Name of setting / school |
|  |
| Address of setting / school |
|  |
| Name of key contact and contact details |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date child/young person joined the setting / school:** |  | | **Date SEN support started?** |  |
| Attendance as a % over the past 3 years: |  | | | |
| Is the child/young person currently… | **Yes/No** | **If either answer is ‘yes’, describe the timetable/provision, how long this has been in place for, and whether there is parental agreement** | | |
| on a part-time timetable? |  |  | | |
| attending an alternative provision? |  |  | | |
| Any reasons for persistent absence (less than 90%)? What actions have been taken to support attendance? |  | | | |
| Any FTEs? (List dates, number of days, and reasons) |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of recent involvement of external agencies *(involved within the past 12 months)*** | | |  |
| Name | Position  *(e.g. social worker, educational psychologist, speech and language therapist)* | Contact details | Report attached? Y/N |
|  |  |  |  |
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| --- |
| All About Me |
| Please choose the appropriate version of the form to fill out (1 or 2) |

|  |  |  |
| --- | --- | --- |
| 1: (EYFS to Year 4) | | |
| What is important to me: | My preferred name is:  *(picture/photograph, if wanted*) | What people like and admire and about me: |
| Likes and dislikes  I like....  I dislike... | How best to support me: | People who are important to me: |
| Did anyone help me with this form? If so, how? | | |

|  |  |
| --- | --- |
| 2: (Year 5 onwards) | |
| What I’m good at and my achievements and successes over the past year: |  |
| What’s important to me |  |
| Things I like about me now |  |
| What is working well for me now |  |
| What I’d like to change |  |
| My aspirations and goals for the future |  |
| My aspirations/goals for further / higher education and/or employment |  |
| My aspirations/goals for independent living |  |
| My aspirations/goals for friendships, relationships and being part of the community |  |
| My aspirations/goals to be as healthy as possible in adult life |  |
| How I need to be supported to be heard and understood: including any strategies, and adaptations e.g., visuals, gestures, PECs, Makaton, photographs etc. |  |
| Did anyone help me with this form? If so, how? |  |

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| Parent/Carer Views |
| Consider:   * My child’s cognition and learning abilities considering their age * How my child communicates and interacts with other children, young people and adults * Any sensory, physical or medical challenges * Information about my child’s wellbeing linked to their social, emotional and mental health * How well my child/young person is able to manage their personal care needs independently * How well my child is able to complete tasks independently |
| My child’s strengths |
|  |
| What my child/young person finds difficult |
|  |
| My aspirations for my child/young person for the next four years |
|  |

|  |  |  |
| --- | --- | --- |
| What has led us to this application? | | |
| My Journey so far  *(family background; child/young person’s history; school narrative)* | | |
|  | | |
| Timeline of Support | | |
| Date | Event | Outcome |
|  | (e.g. any external assessments, meetings, FTEs, specific plans) |  |
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| Graduated Response - Assess | | | | | | |
| Preparation for Employment (Cognition and Learning) | | | Any diagnoses | | | |
| Strengths | Needs | | Choose an item.  Choose an item.  Choose an item. | | | |
|  |  | |
| Friends, Relationships and Community Participation (Communication and Interaction) | | | Health (Social, Emotional, and Mental Health) | | | |
| Strengths | Needs | | Strengths | | Needs | |
|  |  | |  | |  | |
| Independent Living (Physical and Sensory Needs) | | | Multi-Agency Support (Health and social care) | | | |
| Strengths | Needs | | Strengths | | Needs | |
|  |  | |  | |  | |
| Curriculum Attainment | Areas (to list in boxes under ‘curriculum area’ below):  EYFS/Cherry Garden branch maps: CLL, MD, PD, PSED  KS1/2: Reading, Writing, Maths, Science KS3: English, Maths, Science  KS4/5: Subjects studied | | | | | |
| Explain school’s system of assessment (as compared to age-related expectations) | | | | | | |
|  | | | | | | |
| *(Please change ‘Term 1’ to the term being referred to, e.g. Autumn 2024)* | Curriculum area | | | | | |
|  |  | |  | |  |
| Term 1 |  |  | |  | |  |
| Term 2 |  |  | |  | |  |
| Term 3 |  |  | |  | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Graduated Response – Plan, Do, Review | | | | | | | |
| Is school using the Southwark APDR model? *(if 3 cycles of the Southwark APDR have been completed, attach as an appendix and do not complete this section)* | | | | | | | Yes/No *(delete as applicable)* |
| Preparation for Employment (Cognition and Learning) | | | | | | | |
| Multi-agency planning, including the best ways to help me (school advice or specialist advice): | | | | | | | |
| **Term and**  **Focus** | **SMART target/s** | **How will this be achieved?** | | | | **Review**  Did the CYP achieve the target?  Who assessed the review?  Feedback (e.g. date reviewed; What are we seeing now? What has been the impact? Any challenges?) | |
| **Intervention/TA support** | **Frequency** | **Duration** | **Adult: CYP ratio?** |
| *Example:*  *1*  *Writing* | *Example:*  *X will be able to use accurate punctuation in her writing, including direct speech, with less than 4 errors per A4 page.* | *TA support in all English lessons* | *Daily* | *1 hour* | *Pair* | *Example:*  *Achieved*  *Classteacher*  Feedback: *X engaged well with TA support – she is using a checklist on her table to check her work before seeking help. Teacher notes she is using speech marks accurately.* | |
| *Precision Teaching* | *Daily* | *10 minutes* | *Individual* |
| Click to select which term  Select Focus  If ‘other’, write: |  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: | |
|  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: | |
| Click to select which term  Select Focus  If ‘other’, write: |  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: | |
|  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: | |
| Click to select which term  Select Focus  If ‘other’, write: |  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: | |
|  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: | |

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| --- | --- | --- | --- | --- | --- | --- |
| Friends, Relationships and Community Participation (Communication and Interaction) | | | | | | |
| Multi-agency planning, including the best ways to help me (school advice or specialist advice): | | | | | | |
| **Term and**  **Focus** | **SMART target/s** | **How will this be achieved?** | | | | **Review**  Did the CYP achieve the target?  Who assessed the review?  Feedback (e.g. date reviewed; What are we seeing now? What has been the impact? Any challenges?) |
| **Intervention/TA support** | **Frequency** | **Duration** | **Adult:CYP ratio?** |
| Click to select which term  Select Focus  If ‘other’, write: |  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: |
|  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: |
| Click to select which term  Select Focus  If ‘other’, write: |  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: |
|  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: |
| Click to select which term  Select Focus  If ‘other’, write: |  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: |
|  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: |

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| --- | --- | --- | --- | --- | --- | --- |
| Health (Social, Emotional, and Mental Health) | | | | | | |
| Multi-agency planning, including the best ways to help me (school advice or specialist advice): | | | | | | |
| **Term and**  **Focus** | **SMART target/s** | **How will this be achieved?** | | | | **Review**  Did the CYP achieve the target?  Who assessed the review?  Feedback (e.g. date reviewed; What are we seeing now? What has been the impact? Any challenges?) |
| **Intervention/TA support** | **Frequency** | **Duration** | **Adult:CYP ratio?** |
| Click to select which term  Select Focus  If ‘other’, write in: |  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: |
|  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: |
| Click to select which term  Select Focus  If ‘other’, write in: |  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: |
|  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: |
| Click to select which term  Select Focus  If ‘other’, write in: |  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: |
|  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Independent Living (Physical and Sensory) | | | | | | |
| Multi-agency planning, including the best ways to help me (school advice or specialist advice): | | | | | | |
| **Term and**  **Focus** | **SMART target/s** | **How will this be achieved?** | | | | Review  Did the CYP achieve the target?  Who assessed the review?  Feedback (e.g. date reviewed; What are we seeing now? What has been the impact? Any challenges?) |
| **Intervention/TA support** | **Frequency** | **Duration** | **Adult:CYP ratio?** |
| Click to select which term  Select Focus  If ‘other’, write in: |  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: |
|  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: |
| Click to select which term  Select Focus  If ‘other’, write in |  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: |
|  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: |
| Click to select which term  Select Focus  If ‘other’, write in |  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: |
|  |  | Frequency | Length | Ratio | Select from list  Select from list  Feedback: |

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| --- | --- | --- | --- |
| Costed Provision Map (to match with above) | | | |
| **SEN Area of Need** | **Name of Provision** | **Cost Per Term, Per Person** | **Total Cost (Annual)** |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| **TOTAL ANNUAL COST:** |  | |  |

|  |  |
| --- | --- |
| Multi-Agency Meeting | |
| Date: | Attended by: |
| Impact of support so far: | |
| Further support needed: | |
| Holistic, SMART, outcomes (based on aspirations):  Format: By (end of… *3 years in the future*), I will (be able to/be taking part in – *make it measurable*) so that (*what is the difference that will happen as a result?)*   1. By the end of.. 2. By the end of.. 3. By the end of.. 4. By the end of.. 5. By the end of.. 6. By the end of.. | |
| Is an EHCP required to achieve these outcomes? Why?  *(please note that mainstream schools have up to £6000 notional funding to support each child with SEN – a request for EHCNA indicates that this is insufficient to meet the child/young person’s needs)* | |

|  |  |
| --- | --- |
| Checklist | |
| Please complete the entire form, then indicate below what additional information you are providing with your application.  Ensure that all diagnostic reports are included, but other involvement and advice from specialist agencies must be no older than 12 months. | X if enclosed |
|  |  |
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|  |  |
| ***Please ensure that all information provided is relevant*** | |

|  |  |  |
| --- | --- | --- |
| Details of person completing the application | | |
| Name: | Role: | Contact details: |
| Signed: | Date: | |

# 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: | |  | | | | | |
| 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.  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.  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.  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. | | | | | | | |
| Parent/Carer Name (In BLOCK CAPITALS) | | |  | | | | |
| Signed: |  | | | | | Date: |  |
| Please confirm whether you have parental responsibility for the child named above | | | | | | Yes/No  *(delete as appropriate)* | |

**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, 2nd floor Hub 1, PO Box 64529, London, SE1P 5LX