



## London Borough of Tower Hamlets

### **Request for an Education Health and Care Needs Assessment Revised 2018/19**

Please complete sections this form in detail, **in co-production with the family and child**, in sufficient detail to provide a full picture of the child's needs. We will use this information to help us decide whether to proceed with an EHC needs assessment. If we agree to carry out an EHC needs assessment this information is essential.

Please refer to LBTH guidelines (*EHC Guidelines Sept 2018*) for expectations about evidence and information to be included.

**To be used by Schools, early years and post 16 settings.**

# EHC Assessment Request Flowchart LBTH

## Tier 2 Interventions

Team around the child (TAC) meets at the setting to agree if a request is timely and appropriate

Weeks

6

- SEN section receives request for EHC needs assessment.
- School / setting and parent/carers/YP receive acknowledgement and explanation of the next step
- LBTH SEN considers the evidence and decides whether to carry out assessment within 6 weeks from receipt of the request. This decision may be made by a caseworker or at Panel (all refusals to go to SEND Panel)

6

### Agree to assess

Caseworker contacts parents/carers and school. **Initial Co-production meeting** may be planned with parent/carer and young person to consider what their contribution is to the needs assessment. Advice sought from relevant professionals involved with child.

### Assessment not agreed

SEN caseworker contacts parents/carers and school / setting to explain outcome. Letter sent to parent with SENDIASS information, explaining SEND Panel's reasoning for decision- explain school support or other support.

SEND Panel agrees to continue needs assessment (only cases that require discussion go to Panel).

### EHC plan not required

SEN section sends letter to parents/carers/young person and setting/school providing all the information gathered, asks school to draw up a non-statutory school support plan.

- Explain right of appeal
- Explain school has responsibility for actions planned
- Offer a meeting to explain decision

4

### EHC plan required

SEND Panel discusses evidence & decides EHCP needed.

EHCP drafted and sent to parents/carers/young person/ school. **Caseworker meets parents/carers and professionals to an outcomes co-production meeting**

SEND Panel makes final decision and agrees to consult with schools setting for provision.

4

Final draft EHC plan issued naming school /college/setting. Parents/carers & young person advised of mediation process

TAC meeting convenes 8-week planning meeting

# 1. Contact Information

| Child  |               |
|--|---------------|
| First name   |               |
| Surname  |               |
| Address  |               |
| Date of birth  |               |
| Gender   |               |
| Telephone  | <i>home</i>   |
|  | <i>mobile</i> |
| E mail address   |               |
| Ethnicity  |               |
| Home language  |               |
| Unique Pupil Number  |               |
| NHS Number   |               |
| GPs name and address   |               |
| Parent / carer   |               |
| First name   |               |
| Surname  |               |
| Address<br><i>(if different from above)</i>                              |               |
| Telephone  | <i>home</i>   |
|  | <i>mobile</i> |
| E mail address   |               |
| Relationship to child  |               |
| First language   |               |
| Parent / carer (if a 2 <sup>nd</sup> person has parental responsibility) |               |
| First name   |               |
| Surname  |               |
| Address<br><i>(if different from above)</i>                              |               |
| Telephone  | <i>home</i>   |
|  | <i>mobile</i> |
| E mail address   |               |
| Relationship to child  |               |
| First language   |               |

| <b>Current educational setting / school / college</b>             |  |
|---|--|
| <b>Name</b>   |  |
| <b>Address</b><br><i>(if different from above)</i>                |  |
| <b>Telephone</b>  |  |
| <b>E mail address</b>   |  |
| <b>Lead professional at the setting/ school (name &amp; role)</b> |  |
| <b>Date the child started</b>                                     |  |
| <b>Any previous education setting(s) attended</b>                 |  |

## **2. Consent for an EHC needs assessment**

### **Parent / carer**

I agree with this request for an education, health and care needs assessment of my child's special educational needs and disability being made by the education setting and am happy for it to be submitted to the London Borough of Tower Hamlets.

As part of the application process, I / We agree for information relating to the assessment to be shared with all relevant services and partner agencies (including health services and/or the local authority social care service) that are involved, to facilitate decision-making.

I / we am aware that examinations and assessments are required as part of the statutory assessment process for special educational needs and disabilities under Part 3 of the Children & Families Act 2014. This may include a medical examination of my child.

I / we agree to the sharing of any information obtained with all services and partner agencies involved. Any exceptions to this are listed in the section below.

|                  |  |
|------------------|--|
| <b>Name</b>      |  |
| <b>Signature</b> |  |
| <b>Date</b>      |  |

|                  |  |
|------------------|--|
| <b>Name</b>      |  |
| <b>Signature</b> |  |
| <b>Date</b>      |  |

*The person(s) signing this consent form should either have parental responsibility of the child to whom this consent relates or the young person themselves, if aged over 16 and has sufficient understanding.*

**Tell us about any team/agency you would prefer for us not to share your information with**

**Please tell us here if there is anything else you want us to know that is particular to you and your family in relation to information sharing.**

### Head teacher / Principal / Setting manager

Our school / college / early years setting has made every effort to address this child's / young person's special educational needs or disabilities, which I believe to be of a nature, severity and complexity that meet the Council's threshold for statutory Education, Health and Care needs assessment. I also understand if this request is agreed the information included will be regarded as statutory assessment advice.

|                  |  |
|------------------|--|
| <b>Name</b>      |  |
| <b>Signature</b> |  |
| <b>Date</b>      |  |

### 3. Information for needs assessment

The following profile sets out the views of [**pupil name**] and [**pupil parents**]. [**Pupil name**]'s views are written in bold type. Where the views are those of another person they are shown in quotation marks.

Indicate with a cross those that apply:

- the child / young person has led without parental input
- the child / young person has led jointly with parents
- the child / young person has contributed directly, e.g. in conversation with professional/parent or via email, verbally, with sign language or other communication method
- the child / young person has contributed through the interpretation of people who know them well

#### A. My profile

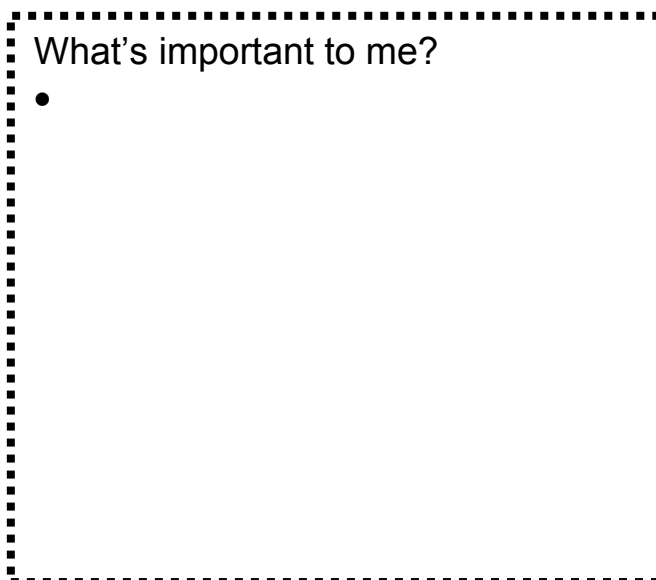
My name is:

*Photo*



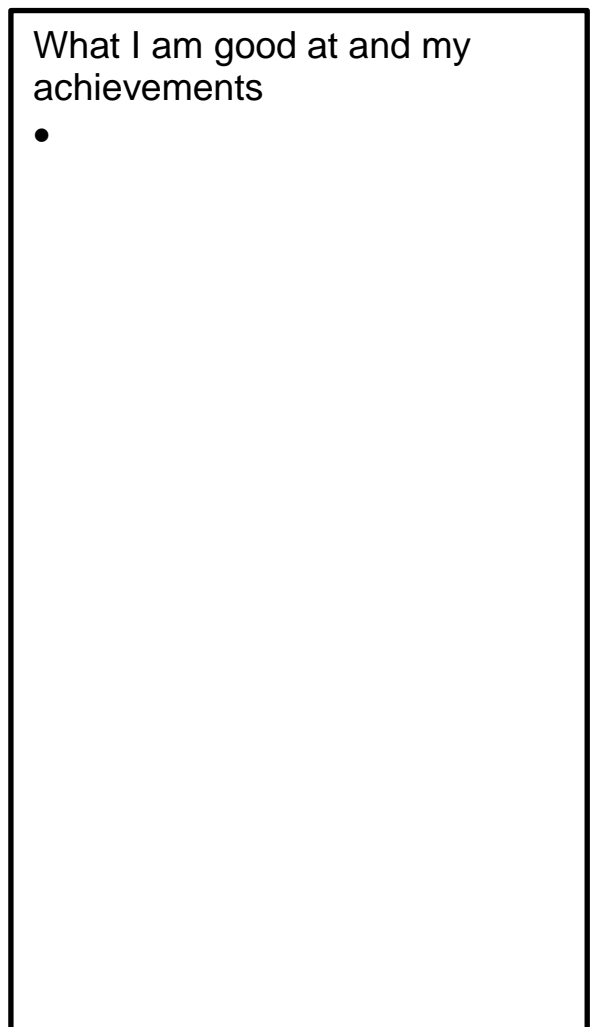
What's important to me?

- 



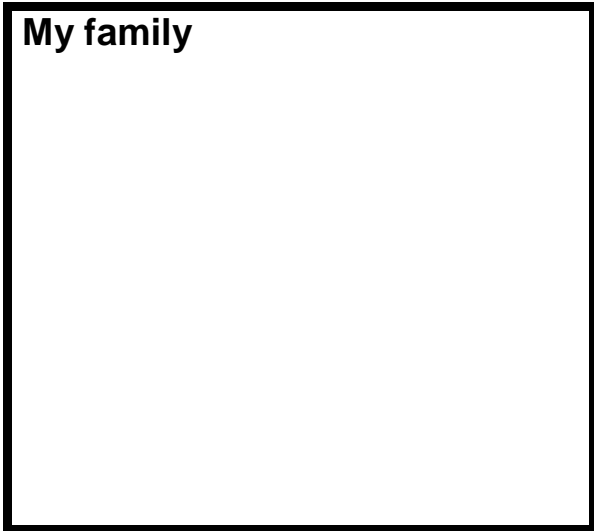
What I am good at and my achievements

- 

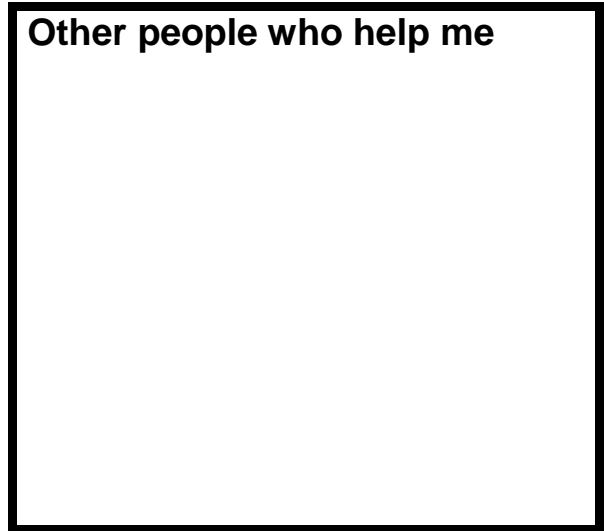


# People important to me

**My family**



**Other people who help me**



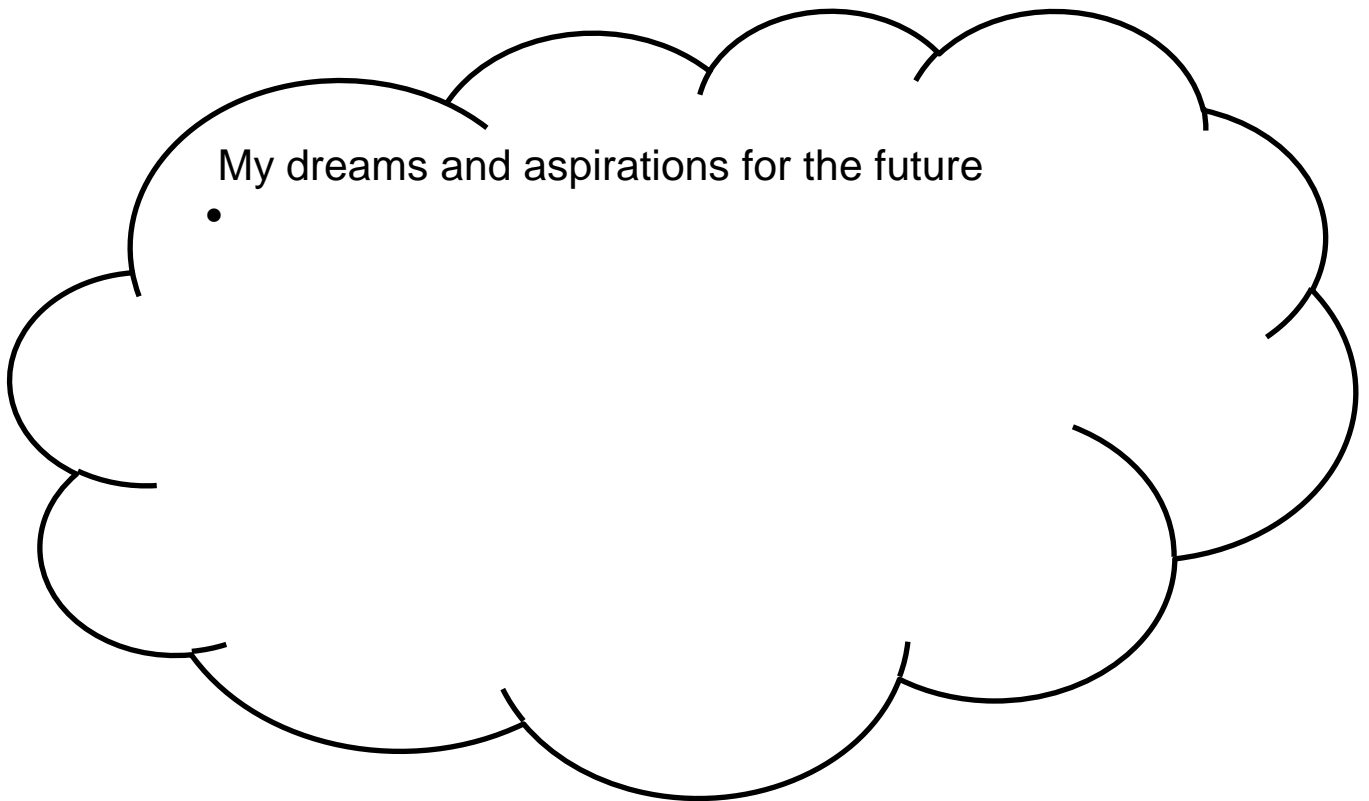
Ways I like to be supported

- 



My dreams and aspirations for the future

- 



# Family Advice

Please tell us about your child.

## About your child

**Your child's history**

**Your child's interests, likes and dislikes**

**Your child's strengths and weaknesses**

**How your child likes to communicate and be involved in making decisions**



|   |
|---|
| <b>Child / young person's own hopes for the future</b>  |
|   |
| <b>Your hopes for your child's future</b>   |
|   |
| <b>How your child can be supported to be heard and understood</b>                             |
|   |
| <b>Child / young person's support network (Family/friends)</b>                                |
|   |
| <b>What you feel is currently working well for your child</b>                                 |
|   |
| <b>What you feel is not working for your child</b>  |
|   |
| <b>How do you think an education, health and care needs assessment would help your child?</b> |
|   |

You may also wish to complete the 'Other Family Information' in section D: social care needs.

## B Strengths and Needs

In this section please briefly describe the child/young person's strengths and areas of need including information about any diagnosis or formal assessment.

### Special Educational Needs and Disabilities

#### Overall summary of strengths and difficulties

- 
- 
- 
- 

*Describe the support and interventions the setting has implemented at school support level in the chart below. The review section should describe the impact of the interventions.*

| Assess | Plan | Do | Review |
|--------|------|----|--------|
|        |      |    |        |
|        |      |    |        |
|        |      |    |        |
|        |      |    |        |
|        |      |    |        |
|        |      |    |        |
|        |      |    |        |
|        |      |    |        |
|        |      |    |        |

**Cognition and learning**

*Summarise strengths and needs*

Strengths

- 
- 

Needs

- 

**Communication and interaction**

*Summarise strengths and needs*

Strengths

- 
- 

Needs

- 

**Social, emotional and mental health**

*Summarise strengths and needs*

Strengths

- 
- 

Needs

-

**Sensory and / or physical**

*Summarise strengths and needs*

Strengths

- 
- 

Needs

-

## Progress and Achievement

Please provide details of attendance, attainment and progress over time. For children in early year's settings it may not be possible to provide attendance or progress over 3 full terms. If this is the case, please state how long a period is covered.

|                                 | % | Dates covered |
|---------------------------------|---|---------------|
| <b>Attendance (min 3 terms)</b> |   |               |

| Early Years Foundation Stage                           | Current Level | Last term's Level | Previous Level |
|--|---------------|-------------------|----------------|
| <b>1. Listening and Attention</b>                      |               |                   |                |
| <b>2. Understanding</b>                                |               |                   |                |
| <b>3. Speaking</b>                                     |               |                   |                |
| <b>4. Moving and Handling</b>                          |               |                   |                |
| <b>5. Health and Self Care</b>                         |               |                   |                |
| <b>6. Self Confidence and Self Awareness</b>           |               |                   |                |
| <b>7. Managing Feelings and Behaviour</b>              |               |                   |                |
| <b>8. Making Relationships</b>                         |               |                   |                |
| <b>9. Reading</b>                                      |               |                   |                |
| <b>10. Writing</b>                                     |               |                   |                |
| <b>11. Numbers</b>                                     |               |                   |                |
| <b>12. Shape, Space and Measures</b>                   |               |                   |                |
| <b>13. People and Communities</b>                      |               |                   |                |
| <b>14. The World</b>                                   |               |                   |                |
| <b>15. Technology</b>                                  |               |                   |                |
| <b>16. Exploring and Using<br/>Media and Materials</b> |               |                   |                |
| <b>17. Being Imaginative</b>                           |               |                   |                |

**School-age children**

Include assessment information (e.g. age-related bands, P-levels or similar) that demonstrates current attainment levels and progress over time.

|                                      | <b>Current Level</b> | <b>Last Year's Level</b> | <b>Previous Year's Level</b> |
|--------------------------------------|----------------------|--------------------------|------------------------------|
| <b>English</b>                       |                      |                          |                              |
| <b>Maths</b>                         |                      |                          |                              |
| <b>Science</b>                       |                      |                          |                              |
| <b>Other curriculum subjects</b>     |                      |                          |                              |
|                                      |                      |                          |                              |
| <b>Any screening tests completed</b> |                      |                          |                              |

**Details of assessment system(s) used. *Please explain how the levels relate to age/ stage***

## The impact of the needs and potential outcomes related to education

### Curriculum learning:

- 
- 

### Learning and support for independence (including for future employment and active citizenship):

- 
- 

### Learning and support for health and self-care:

- 
- 

### Learning and support for making choices:

-

## C. Health Needs

### Summary of strengths and difficulties, which relate to the child / young person's SEND

Please tick all of the following support categories that apply: SALT  CAMHS  ASDAS  OT  Physio  CCNT

Tell us who was involved and what the intervention was.

### Other health needs

### The impact of health difficulties and the effects on the child / young person and family



**Curriculum learning:**

- 

**Learning and support for independence (including for future employment and citizenship):**

- 

**Learning and support for health and self-care:**

- 

**Learning and support for making choices:**

-

## D. Social Care Needs

### Summary of strengths and difficulties, which relate to the child / young person's SEND

Please tick all of the following support categories that apply: TAC  LAC  CIN  CP  Adoption / fostering

Has a CAF been completed?  *Do not attach the CAF but please summarise key issues, actions and outcomes. Please tell us key people involved.*

### Other social care needs as identified by school staff, other professionals or parents

### The impact of social care difficulties and the effect on the child / young person and family

#### Curriculum learning:

- 

#### Learning and support for independence (including for future employment and citizenship):

-

**Learning and support for health and self-care:**

- 

**Learning and support for making choices:**

- 

## **Other Family Information**

The other family information section is **not compulsory** but will help to inform the need for further social care advice as part of any possible EHC needs assessment. This should be completed with or by the parent.

**What caring responsibilities do you have for anyone else?**

**Are there any personal health issues, disabilities in the family that make looking after your child more difficult?**

**Does your child have any need for help with personal care for example bathing, dressing, toileting, which you are not able to meet?**

**What support is available from family/friends/others?**

|  |
|--|
|  |
| <b>What leisure time activities have you tried, or currently use, that enable you as a parent/ carer to get a short break?</b> |
|  |
| <b>Do you have any concerns about your ability to keep the child safe in the home or in the community?</b>                     |
|  |

The information provided will be shared with the Children with Disabilities Team who manage our Short Breaks Service and / or relevant Social Care Team who will contribute to discussions about the next steps towards any assessment or support for your family.

## E. Proposed Outcomes

| Outcome themes                               | Long term proposed outcomes | Medium term outcomes for education, health and care |
|--|-----------------------------|---|
| Curriculum learning                          |                             |   |
| For (future) employment & active citizenship |                             |   |
| For independent living                       |                             |   |
| For health and self-care                     |                             |   |
| To stay safe                                 |                             |   |
| For personal choice and support              |                             |   |

*These will be discussed at an outcomes Co-production meeting before the EHCP is completed. They should be linked to the aspirations identified by the child, young person and parents.*

**F. Education provision mapping** *(essential)*

| Area of need | Intervention | Need addressed and details | Cost in Time | Approx. annual cost | Outcome(s) addressed |
|--------------|--------------|----------------------------|--------------|---------------------|----------------------|
|              |              |                            |              |                     |                      |
|              |              |                            |              |                     |                      |
|              |              |                            |              |                     |                      |

**G. Health provision mapping** *(if applicable)*

| Area of need | Intervention | Need addressed and details | Cost in Time | Approx. annual cost | Outcome(s) addressed |
|--------------|--------------|----------------------------|--------------|---------------------|----------------------|
|              |              |                            |              |                     |                      |
|              |              |                            |              |                     |                      |
|              |              |                            |              |                     |                      |

**H. Social care provision mapping** *(if applicable)*

| Area of need | Intervention | Need addressed and details | Cost in Time | Approx. annual cost | Outcome(s) addressed |
|--------------|--------------|----------------------------|--------------|---------------------|----------------------|
|              |              |                            |              |                     |                      |
|              |              |                            |              |                     |                      |
|              |              |                            |              |                     |                      |

#### 4. Information and Advice

Please list and provide any supporting documentation by scanning, attaching and returning it with this completed form. To assist with cross checking please reference documents with the corresponding reference number.

Please note that a request for an EHC needs assessment cannot be considered until all the documentation listed has been received; any incomplete requests will be returned to the school / college / setting.

| Ref | Document name  | Date | No of pages |
|-----|--|------|-------------|
| 1.  | Evidence of attainment, interventions and child's progress -- usually SEN Support Plans and reviews. <b>(required)</b> |      |             |
| 2.  | Educational psychologist report <b>(recommended)</b>   |      |             |
| 3.  |  |      |             |
| 4.  |  |      |             |
| 5.  |  |      |             |
| 6.  |  |      |             |
| 7.  |  |      |             |
| 8.  |  |      |             |
| 9.  |  |      |             |
| 10. |  |      |             |
| 11. |  |      |             |

## 5. People working with this child and family

The Council considers all the information attached to this application and listed in section 4. Where an EHC needs assessment is required, contact will be made with the people listed below for further information.

Please ensure you obtain agreement from these people.

| Service and name of person | E-mail | Telephone | Details of involvement | Date of most recent involvement |
|----------------------------|--------|-----------|------------------------|---------------------------------|
|                            |        |           |                        |                                 |
|                            |        |           |                        |                                 |
|                            |        |           |                        |                                 |
|                            |        |           |                        |                                 |
|                            |        |           |                        |                                 |
|                            |        |           |                        |                                 |
|                            |        |           |                        |                                 |
|                            |        |           |                        |                                 |

What multi-agency arrangements have been in place (e.g. TAC, Early Support, Child in Need Review)? Please provide details of types and dates of meetings in the last 12 months.

| Type of meeting | Dates |
|-----------------|-------|
|                 |       |
|                 |       |
|                 |       |

Are any multi-agency meetings planned during the next 3 months? If so, please provide details:

| Type of meeting | Date /Time | Venue |
|-----------------|------------|-------|
|                 |            |       |
|                 |            |       |
|                 |            |       |



| <b>6. Checklist for EHC Needs Assessment Request</b><br><b>Please do not send:</b> <ul style="list-style-type: none"> <li>• Reports more than 12 months old</li> <li>• Copies of emails</li> <li>• Incident logs</li> <li>• Examples of the child's work</li> <li>• Documents in colour</li> <li>• Documents on A3 /A5.</li> </ul> <b>Please ensure:</b> <ul style="list-style-type: none"> <li>• Photographs have written consent</li> <li>• Attached reports have numbered pages and are listed in section 4.</li> </ul> | Please tick to confirm   | For office use only      |
|--|--------------------------|--------------------------|
| All sections of the EHC needs assessment request form are complete in full   | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other specialists' advice that is relevant to the child / young person's learning and development are attached and listed in section 4.  | <input type="checkbox"/> | <input type="checkbox"/> |
| A copy of the most recent report from an educational psychologist employed or commissioned by the local authority is attached and listed in section 4  | <input type="checkbox"/> | <input type="checkbox"/> |
| Other professionals working to support the child and the wider family have been made aware of this request for EHC needs assessment, and have agreed to be listed in section 4.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Section 2 of the Request Form is signed by the Headteacher / Principal   | <input type="checkbox"/> | <input type="checkbox"/> |
| Section 2 of the Request Form is signed by the parent/ carer (or young person if they are able to make their own request)  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> | <input type="checkbox"/> |

**This request form will be returned as incomplete if any of the documents listed are not included  
Or if it is not signed by all relevant parties.**

# Special Educational Needs and Disabilities Privacy Notice

## Data Controller and Purpose

This privacy notice applies to you (“the service user”) and the London Borough of Tower Hamlets (“the Council”). The Council takes the privacy of your information very seriously. This privacy notice applies to the Council’s use of any and all of the data provided by you or collected by the Council in relation to your use of this service. It is important that you understand that sometimes we will need to share your data with other agencies where necessary or appropriate and by engaging with our service you understand that that your data may be shared.

The information you provide will be used by the London Borough of Tower Hamlets’ Special Educational Needs and Disabilities Service, to process your personal data and special category data. London Borough of Tower Hamlets will provide services internally, except in the instances where organisations provide services (such as, though not exclusively, schools/Health and voluntary sector) where this will be a joint service and your data will be controlled jointly by all services involved.

What sort of information we are collecting:

- Application form
- Referral
- Medical advice
- Social care advice
- Assessments

We process your data in accordance with the General Data Protection Regulation (GDPR) and if you have any concerns the Council’s Data Protection Officer can be contacted on [DPO@towerhamlets.gov.uk](mailto:DPO@towerhamlets.gov.uk)

## Condition For Processing Personal Data

It is necessary for us to process your personal data such as name, address, contact details, under GDPR Article 6:

- 6(1)(a) consent
- 6(1)(c) compliance with a legal obligation

And more personal data such as health, personal and household circumstances and Special Category Data under GDPR Article 9:

- 9(2)(h) preventative or occupational medicine, working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or management
- 9(2)(j) archiving in the public interest, or scientific and historical research purposes or statistical purposes

Additional legislation that apply:

- Sections 70-75 of the Children and Families Act 2014, together with sections 28, 31, and 77
- The National Health Service Act 2006
- The Equality Act 2010
- Section 2 of the Chronically Sick and Disabled Persons Act 1970
- Section 17 of the Children Act 1989
- Section 39A of the Crime and Disorder Act 1998
- Section 562B of the Education Act 1996

A delay in you providing the information requested may result in a delay in providing appropriate services.

## **How long do we keep your information?**

We will only hold your information for as long as is required by law and to provide you with the necessary services. This is likely to be for 35 years after the file is closed. For further details, you can view our [Retention Schedule](#).

We may also anonymise some personal data you provide to us to ensure that you cannot be identified and use this for statistical analysis of data to allow the Council to effectively target and plan the provision of services.

## **Information sharing**

Your personal information may be shared with internal departments or with external partners and agencies involved in delivering services on our behalf. As stated above this will include Ofsted, Department for Education, other Council services, Health Organisations, Schools and services provided by the voluntary sector

The council has a duty to protect public funds and may use personal information and data-matching techniques to detect and prevent fraud, and ensure public money is targeted and spent in the most appropriate and cost-effective way. Information may be shared with internal services and external bodies like the Audit Commission, Department for Work and Pensions, other local authorities, HM Revenue and Customs, and the Police. This activity is carried out under Article 9(2)(b) of the GDPR, under social protection law.

## **Automated decision making and Profiling**

The service will process some of the data by computer and may therefore make automated decisions on your case. You can ask for this to be explained to you, please see the 'your rights' link below] [We may also to some degree use the data to build a profile for you regarding service provision and priority.

## **Your Rights**

You can find out more about your rights on our [Data Protection Page](#) on the Council's website and this includes details of your rights about automated decisions, such as the ranking of Housing Applications, and how to complain to the Information Commissioner.

You have the right to make a complaint at any point if you are not satisfied with our responses to your requests. You can do this in writing to:

Complaints  
Town Hall  
Mulberry Place  
5 Clove Crescent  
London E14 2BG.

Email: [complaints@towerhamlets.gov.uk](mailto:complaints@towerhamlets.gov.uk)

For more information please contact the Parents Advice Centre

