

Request for EHC Needs Assessment for pupils with ‘My Support Plan’

Name of Pupil:

Name of Setting:

Name and role of person submitting the request:

Please summarise the reasons for requesting an EHC Needs Assessment

Education & Learning :

Communication :

Sensory :

Social Emotional Mental Health :

Please identify the pupil’s primary area(s) of need

Cognition and Learning	Moderate Learning Difficulties	Specific Learning Difficulties	Severe Learning Difficulties	Profound and Multiple Learning Difficulties
Communication and Interaction	Speech and language difficulties	Autistic Spectrum Disorder	Social Communication Difficulties	
Social, Emotional and Mental Health	Social Difficulties	Emotional Difficulties	Other SEMH	ADD/ ADHD
Physical and Sensory Needs	Physical difficulties	Visual Impairment	Hearing Impairment	Medical Difficulties

Supporting Evidence Checklist

Completed My Plan (with review)	Current My Plan	Attendance Summary
Progress Data	Family Conversation	Professional Reports

- *Please refer to the Solihull Banding framework to support your evidence*
- *Please attach recent reports from professionals working with the pupil.*

Evidence of a Graduated Approach

Cycle 1: This is usually support provided by school staff.

What additional support was provided?	What impact did it have?	How is the support evidenced?

Cycle 2: This is usually support provided in collaboration with outside agencies.

What additional support was provided?	What impact did it have?	How is the support evidenced?

Cycle 3: This is support provided through 'My Support Plan'

Summary of additional support provided in My Support Plan

Current Support Provided by school

Please provide details of the level of support provided by school using the Solihull LA banding framework.

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Additional Support Requested

What additional support is needed? (in addition to that available through the school's delegated budget)	How frequently does it need to be provided?	Who needs to provide it?	What is the financial cost associated with this provision?

What is working and needs to stay the same?

Support currently in place	What is this support achieving	Who provides this support	How often does this happen
e.g. 6 week group work block	Developing expressive language	Speech and Language Therapy	Once per week

What isn't working well and how does it need to change?

What my child/young person needs help with	What could be put into place	Who would provide this (this could include family and friends)	What would be the intended outcome
Communicating with peers	6 week work block	Speech and Language therapy	Developed expressive language

Consent

Please sign below to indicate that:

- Your views have been attached with this document.
- You have received information about the Education, Health and Care (EHC) Needs Assessment process and understand that further information can be provided by the Special Educational Needs and Disabilities Information Advice Service (SENDIAS), if required.
- You consent to a request for an EHC Needs Assessment being submitted to the Local Authority.
- You consent to a copy of this document being shared with the Local Authority alongside supporting information (as detailed on the front of this document).
- You consent to any professionals, instructed by the Local Authority to gather additional information about your son/daughter’s needs for the purpose of an EHC Needs Assessment, to do so.

.....Young Person (if appropriate)

.....Parent/Carer

.....School representative / Plan author

.....Date

Keeping you informed

As we progress through the Education, Health & Care Assessment process we feel it is important to keep you informed. To enable us to do so please indicate your preferred method of contact below:

Email

Post

Telephone

If you have any access issues, for example a disability, language or literacy barrier please provide details of any additional support requirements or reasonable adjustments that the LA will need to take into account to support you/your family through this process: