



**SOMERSET GUIDANCE
FOR
INITIATING A
STATUTORY EHC
NEEDS ASSESSMENT
FOR
CHILDREN AND
YOUNG PEOPLE
AGED 0-25**

December 2017

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Introduction

This document has been written in response to the reforms described in the SEND Code of Practice 0-25 (2015).

It sets out Somerset's expectations for a graduated response to Special Educational Needs (SEN) and guidance criteria for considering whether a child/young person's needs should be met from within early years setting/school/college resources or whether a statutory EHC Needs Assessment is required to specify Special Educational Needs provision. Each request for EHC Needs Assessment must be considered individually and decisions are based on the evidence provided.

It is a guidance document and not a substitute for reading and understanding the SEND Code of Practice, the Equality Act 2010 and other relevant statutory documentation which outline duties on local authorities, schools, settings and colleges related to inclusion, equality and disability.

This document provides guidance and information on procedures specific to Somerset Local Authority. Together with Somerset's Core Standards, it provides an identification and support pathway for SEND

<https://slp.somerset.org.uk/ipost/iPost%20Documents/2.%20Core%20Standards%20-%20Introduction.pdf>

What can this guidance help me with?

It is intended that this document gives practical support, advice and guidance when considering making a request for a statutory EHC Needs Assessment. Specifically it gives clarification on:

- understanding what is a Special Educational Needs (identification)
- what is SEN Support and the Graduated Approach (early intervention and assess-plan-do-review)
- what is a statutory EHC Needs assessment, is there evidence that the child/young person in question has needs at this level?

An EHC Needs Assessment and plan are about Special Educational Needs that require provision above what is normally available. The aim of this document is to assist the decision making related to Special Educational Needs (SEN) and ensure fair and transparent application of the requirements of the national SEND Code of Practice.

Some children/young people with no Special Educational Needs may have social care or health needs and may be subject to other assessment processes.

What is Special Educational Needs (SEN)?

The SEND Code of Practice defines Special Educational Needs (SEN) as:

A child or young person who has a learning difficulty or disability which calls for special educational provision to be made for him or her:

- A child of **compulsory school age or young person** has a learning difficulty or disability if he or she has significantly greater difficulty in learning than the majority of others of the same age

Or

- Has a disability, which prevents or hinders him/her making use of educational facilities of a kind generally provided for others of the same age in mainstream educational settings
- **Children under compulsory school age** have Special Educational Needs if he or she is likely to fall within the above definition when they reach compulsory school age or would do so if special educational provision was not made for them
- For **children aged two or more** special educational provision is educational (or training) if it is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post 16 institutions or by relevant early years
- For **children under two years** of age, special educational provision means educational provision of any kind

(p15-16, SEND Code of Practice)

Accurate and timely identification of special educational needs is key to purposeful action the early years setting, school or college needs to take. For some children SEN can be identified at an early age, for others difficulties become evident as they develop, therefore ALL who work with children and young people should be alert to emerging difficulties and respond early.

All practitioners, class/subject teachers, tutors and early years practitioners should make regular assessment of progress for all pupils. This helps education settings to correctly identify Special Educational Needs.

In deciding whether to make special educational provision, the early years practitioners/teachers and tutors, with support and guidance of SENCO and/or relevant specialists, should consider all of the information about pupil progress alongside national data and expectation of progress. More specialist assessment from external agencies will be necessary to accurately identify the need and begin to make Special Educational Needs provision. This information gathering should always include early discussion with the pupils and their parents.

What is not SEN but may impact on progress and attainment:

- Disability (the SEND Code of Practice outlines the reasonable adjustment duty for all settings, schools and colleges provided under the Disability Equality legislation; these alone do not constitute SEN)
- Attendance and punctuality
- Health and welfare
- English as additional language

The Code of Practice describes Special Educational Needs (SEN) within four broad areas of need:

- Cognition and learning
- Communication and interaction
- Social, emotional and mental health difficulties
- Sensory and/or physical needs

What is SEN Support?

When a child/young person is identified as having Special Educational Needs, early years' settings, schools and colleges should take action to remove barriers to learning and put effective support in place.

The graduated approach will only secure good outcomes for children/young people with Special Educational Needs if all those who teach and support them have the highest aspirations:

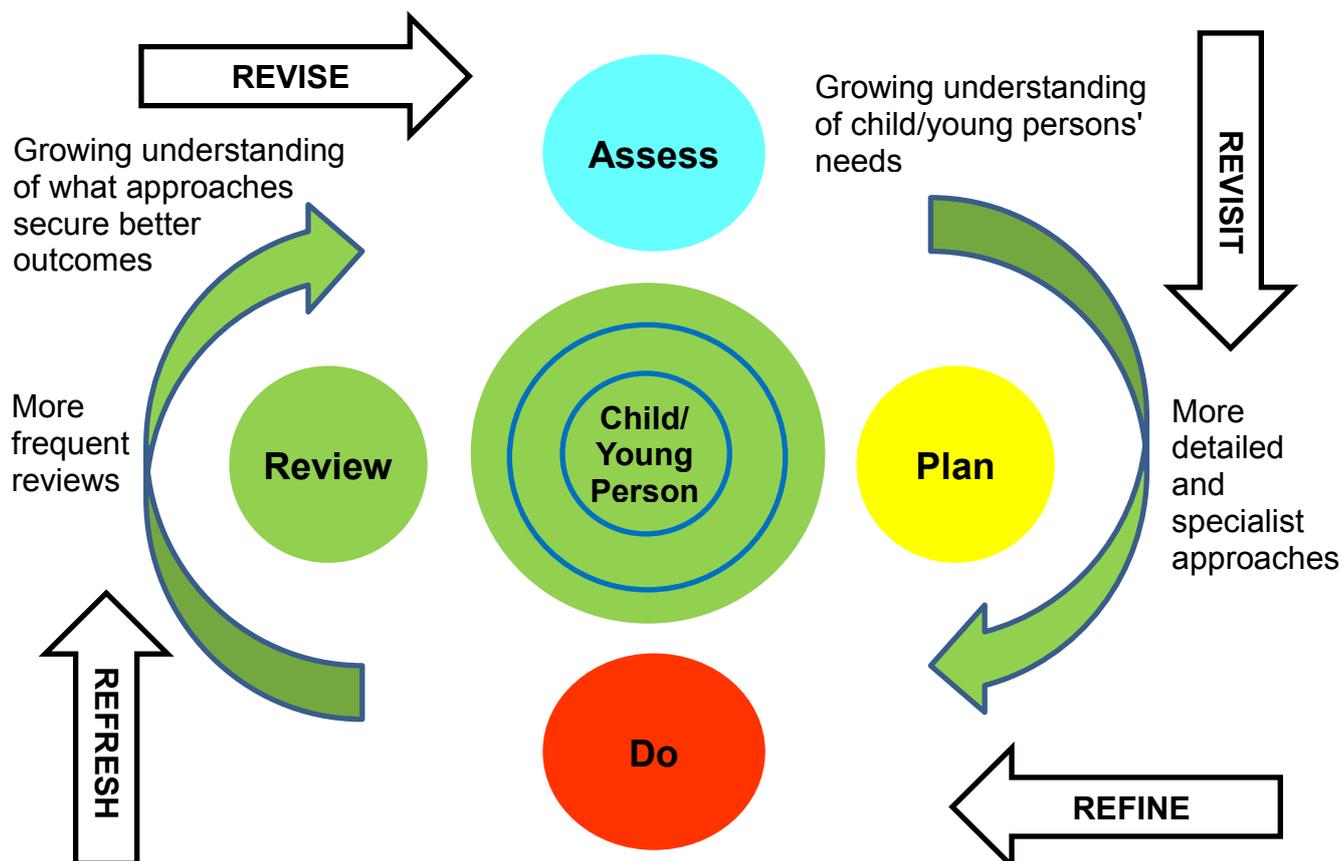
High quality teaching, differentiated for individual pupils is the first step in supporting children and young people who have Special Educational Needs. Additional support cannot compensate for a lack of good quality teaching.

(6.37, SEND Code of Practice)

The SEN Support should take the form of a four part cycle through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the pupil's needs and of what supports the pupil in making good progress and securing good outcomes. This is known as graduated approach.
(6.44, SEND Code of Practice)

A graduated response is a cycle of assessment (identification), planning, providing and reviewing support put in place by early years settings, schools and colleges:

- **Assess** to establish a clear analysis of needs
- **Plan** to set out how to support the child or young person
- **Do** to provide the agreed support
- **Review** to evaluate the effectiveness of the provision



All educational settings have delegated financial resources so that support for the **vast majority** of pupils with Special Educational Needs can be provided quickly and effectively. This means that on average (*national and regional average*) the needs of 97.2% of the children and young people can be met without having to refer for a statutory EHC Needs Assessment.

Somerset Local Authority has set out Core Standards which detail the expected support which should be available in all early years settings, schools and colleges across Somerset using the delegated financial resources:

<https://www.somersetchoices.org.uk/family/information-and-advice/core-standards-for-education/>

What is a statutory assessment?

The vast majority of children and young people with Special Educational Needs or disabilities will have their needs met within local mainstream early years settings, schools or colleges.

Nationally, it is expected that only children and young people with the most exceptional level of Special Educational Needs require an EHC plan (approximately 2.8% of the total population).

Where, **despite** the early year settings, schools or colleges having taking **relevant and purposeful** action to identify, deliver and review the SEN support and the child or young person is not making expected progress, a request for an Education, Health and Care Needs Assessment may be considered. It is expected that the early years' settings, schools and colleges will provide the evidence of actions already taken and reviewed over at least two terms.

(9.1 – 9.7, SEND Code of Practice)

An EHC Needs Assessment may result in an Education Health and Care plan (EHC plan). When it does not, the information gathered can be used to inform SEN support provided by the early years setting/school/college.

Who can request an EHC Needs Assessment?

- Educational setting (early years, school, college with the knowledge of the parents or young person)
- The child's parent
- The young person over the age of 16 but under the age of 25
- Anyone else who knows the child or young person, for example foster parent, health or social care professional

(9.8, SEND Code of Practice)

Who makes the decision about a request for an EHC Needs Assessment?

The Local Authority makes a decision if an EHC Needs Assessment is necessary. In considering whether an EHC Needs Assessment is appropriate, the following evidence will be taken into account:

- Evidence of the child or young person's academic attainment (or developmental milestones in younger children) and rate of progress

AND

- Evidence about the type and severity of Special Educational Needs
- Evidence of the relevant and purposeful action already taken by the early years provider, school or college (relevant and purposeful to the assessed need type and proportionate to the severity of need, evidence based, regularly reviewed and monitored)

It is essential that the views of the child/young person and their family are evidenced throughout the graduated approach.

The SEN support documentation is set out in Appendix B. Other relevant evidence such as professional reports or assessments should also be included when making a request for EHC Needs Assessment (see Appendix A for a checklist).

The above evidence should be submitted to the Local Authority SEND Casework Team:

Statutory SEND Casework Team
County Hall
Taunton
TA1 4DY

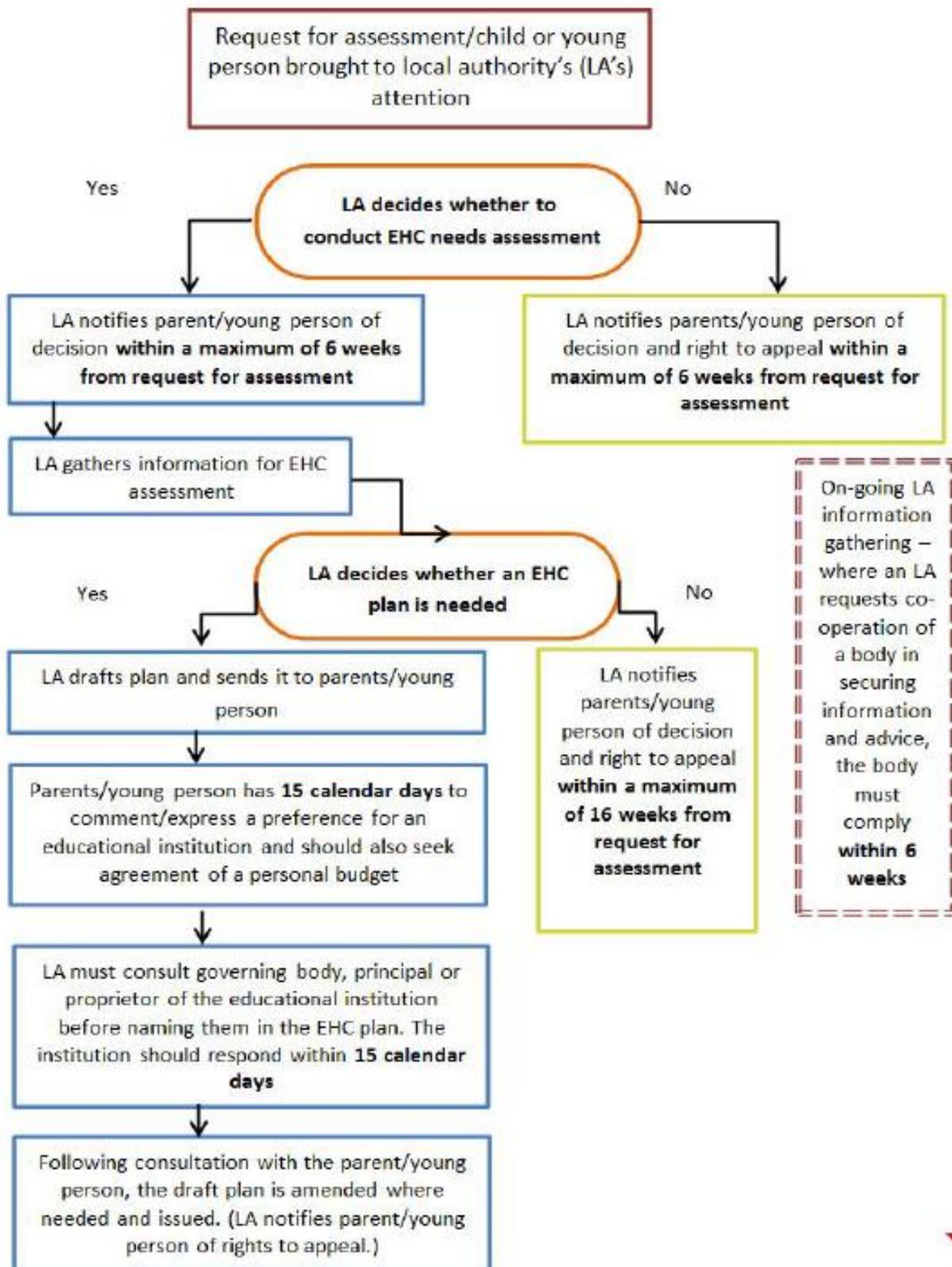
Each request is considered individually. An advisory SEN panel of educational specialists and school representatives provide guidance and support to the Local Authority officer in making a decision whether to agree a request for EHC Needs Assessment. Criteria set out in this document assist the decision making process to ensure consistency and transparency but they do not form a blanket policy.

An agreement for an EHC Needs Assessment is not a guarantee of an EHC plan being issued. The EHC Needs Assessment, which takes about 20 weeks, may not result in an EHC plan being issued.

What does a Statutory EHC Needs Assessment involve?

It is the responsibility of the Local Authority to coordinate the EHC Needs Assessment. If such assessment is agreed a case officer from the SEND Casework Team will contact the parent or young person and all of the relevant practitioners who may contribute to the assessment. The role of the case officer is to coordinate the assessment process and to provide a single point of contact for the family.

EHC Needs Assessment is a statutory process set out in the Code of Practice and the Local Authority must follow it.



GUIDANCE ON CRITERIA FOR INITIATING A STATUTORY EHC NEEDS ASSESSMENT

In all cases, when considering a request for an EHC Needs Assessment the Local Authority will consider:

Criterion 1: Special Educational Needs – type, severity of need and progress over time

AND

Criterion 2: Relevant and purposeful action taken by the early years setting, school or college over time to support the identified need (graduated approach).

Please note this is guidance to ensure fair and transparent decision making. The Local Authority will consider each case on the evidence provided.

Criterion 1: Special Educational Needs – type, severity and progress over time

When assessing Special Educational Needs (SEN) it is **essential** to provide evidence for **all** three elements of the criteria:

- Type of Special Educational Needs
- Severity of need and impact on learning
- Rate of progress

Cognition and Learning

When making a decision about an EHC Needs Assessment, consideration will be given to the severity of need in the area of cognition and learning. Some children and young people learn at a slower pace even with appropriate differentiation.

The vast majority of need in the area of cognition and learning can be met within resources available in early years' settings/schools/colleges (Somerset Core Standards

[https://slp.somerset.org.uk/ipost/iPost%20Documents/6.%20Core%20Standards%20-%20Cognition%20and%20Learning%20\(CB\).pdf](https://slp.somerset.org.uk/ipost/iPost%20Documents/6.%20Core%20Standards%20-%20Cognition%20and%20Learning%20(CB).pdf))

Consideration for a statutory EHC Needs Assessment will be considered if:

Year Group	Chronological Age	Developmental level NC level (If still used) or equivalent
Below 2 years		1 year delay, working at Step 3 or below in the 'thinking' Area of the Developmental Journal
2		1 year delay, working at Step 5 or below in the 'Thinking' area of the Developmental Journal
3		18 months delay, working at Step 7 or below in the 'thinking' Area of the Developmental Journal
Reception	4-5	2 year delay as evidenced in EYFS in literacy, maths and understanding of the world

Year Group	Chronological Age	Developmental level NC level (If still used) or equivalent
1	5-6	2/3 year delay as evidenced in EYFS in literacy, maths and understanding of the world or below P4 by the end of Year 1
2	6-7	Below P5 in all core subjects
3	7-8	Below P6 in all core subjects
4	8-9	Below P7 in all core subjects
5	9-10	Below P8 in all core subjects
6	10-11	
7	11-12	Working within Key Stage 1 in all core subjects
8	12-13	
9	13-14	
10	14-15	Working securely within Key stage 1/emerging Key Stage 2 in all core subjects
11	15-16	
12+	16+	Additional consideration must be given to the specific course of the young person's choice and the requirement of a significant level of additional support and time in comparison to the majority of others in order to achieve education and training outcomes

Additional assessment evidence may be provided to support understanding of the severity of need. Typically standardised scores with 2 standard deviations, i.e. 70 or below, taken over time, provides helpful and appropriate supporting evidence as part of an assessment profile.

The evidence of relevant assessments and progress should:

- be recorded in the SEN Support review documentation (Appendix B)
- include any school and external assessments (standardised tests, diagnostic tools, routine screening and monitoring of progress)
- reflect the evidence and analysis of the rate of progress (this may include information about specific interventions that escalated progress, contextual background information, explanation of any inconsistencies in assessment results)

Communication and Interaction

Children with communication and interaction needs have difficulties in communicating with others. This may be because they have:

- expressive language issues which mean that they find it difficult to say things they want to say
- difficulties with understanding of what is being said to them
- difficulties with understanding social rules of communication

Children and young people with Autistic Spectrum Conditions (ASC) are likely to have a combination of language and social interaction needs which impact on how they relate to others. The vast majority of need in the area of communication and interaction can be met within resources available in early years settings/schools/colleges (Somerset Core Standards)

[https://slp.somerset.org.uk/ipost/iPost%20Documents/7.%20Core%20Standards%20-%20SLCN%20\(CB\).pdf](https://slp.somerset.org.uk/ipost/iPost%20Documents/7.%20Core%20Standards%20-%20SLCN%20(CB).pdf)

Consideration for a statutory EHC Needs Assessment will be considered if:

Speech and Language

Speech and Language Difficulties – these can be in the areas of receptive language, expressive language or speech or a combination of these areas			
Age group	Receptive Language	Expressive language	Speech
Below 3 years	At this age speech and language skills are emerging and difficulties may be caused by a range of factors (for example environmental); it is often unclear if whether they will become long term difficulties. Children at this age, even with significant language concerns may make good progress. Speech and language difficulty should not be the only factor in assessing severity of need but may add to a wider picture of concerns in other developmental areas.		
3 – 4 years	Little understanding of spoken language, eg only understanding one or two information carrying words or not understanding simple concept words/highly dependent on visual support to follow instructions.	Very limited expressive language with difficulties learning new vocabulary and using it appropriately. Expected to require augmentative communication in the form of visual systems over the longer term in order to be able to express needs and ideas	Unintelligible speech with severely reduced contrasts and disordered features. Reduced range of consonants used. May be vowel distortions and high degree of inconsistency indicative of substantial, long term difficulties.
4 – 7 years	Persistent difficulties with understanding of spoken language, typically showing percentile scores of 2nd percentile or lower on receptive language assessments, taken over time. May have significant discrepancy between different areas of receptive language.	Unable to use a range of grammatically correct simple phrase structures. Muddles word order or uses tele-grammatic structures without grammatical markers. May have severe word-retrieval difficulties. May have such limited spoken language that a system such as PECS or a communication aid is needed.	Speech unintelligible or with limited intelligibility showing very disordered patterns and making only very slow progress with intervention. Having impact on literacy acquisition. May be vowel distortions and high degree of inconsistency.

Speech and Language Difficulties – these can be in the areas of receptive language, expressive language or speech or a combination of these areas

Age group	Receptive Language	Expressive language	Speech
8 – 11 years	Persistent difficulties with understanding of spoken language, typically showing percentile scores of 2nd percentile or below on receptive language assessments, taken over time. May have significant discrepancy between different areas of receptive language.	Expressive language characterised by several of the following: <ul style="list-style-type: none"> – muddled word order – difficulties with verb tenses – word retrieval difficulties – difficulties in use of function words May have such limited spoken language that a system such as PECS or a communication aid is needed.	Speech with limited intelligibility showing persistent disordered aspects. May have full range of sounds but difficulty in combining these correctly into words. Single words may be clearer than connected speech. Having impact on literacy acquisition.
12 years plus	Persistent difficulties with understanding of spoken language, typically showing percentile scores of 2nd percentile or lower on receptive language assessments, taken over time. May have discrepancy between different areas of receptive language.	Expressive language characterised by several of the following: <ul style="list-style-type: none"> – muddled word order – difficulties with verb tenses – word retrieval difficulties – difficulties with linking phrases into sentences May need a communication aid.	Speech not fully intelligible with errors in connected speech and sometimes in single words with certain sound combinations. Intelligibility may vary depending on tiredness, mood and situation but will generally impair communication with any but familiar people.

Social Communication and Interaction

Area of Need	Examples of Nature/Severity of Need
Impairment of social interaction	<ul style="list-style-type: none"> • Frequent and intense social interaction difficulties which severely impact on learning and social interaction, eg severe difficulties in following instructions, significant resistance to change in routines • Lack of social and emotional reciprocity • Significant impairment in the ability to develop meaningful peer relationships leading to highly inappropriate social behaviour, causes social isolation/anxiety

Area of Need	Examples of Nature/Severity of Need
Impairment of social communication	<p>Non-verbal:</p> <ul style="list-style-type: none"> • Limited use of gestures • Limited inappropriate facial expression • Unable to read emotion from facial expression • Clumsy/gauche body language <p>Verbal:</p> <ul style="list-style-type: none"> • Significant impairment in the ability to initiate, sustain or end a conversation with others • Stereotyped and repetitive use of language or idiosyncratic language • Speech that is formal, pedantic, long winded and repetitive • Comprehension with a tendency to be literal and concrete leading to difficulties in understanding of simile, metaphor, humour, sarcasm which has significant impact on access to learning or interaction with peers
Impairment of imaginative thinking/behaviour	<ul style="list-style-type: none"> • Inflexible adherence to specific routines and rituals • Stereotyped and repetitive motor mannerisms (whole body movements, hand flapping) • Persistent preoccupation with objects • Highly atypical behaviour such as obsessive challenging and/or withdrawn behaviours and signs of distress or emotional disturbance without obvious cause
Sensory difficulties	<ul style="list-style-type: none"> • Easily distracted/upset by noise, touch, light • Unusual responses to sensory difficulties

Children and young people meeting the criteria for statutory EHC Needs Assessment will display a range of difficulties in three out of 4 areas above (one or more in each area).

The degree of difficulty should be demonstrated by providing evidence of:

- impact of difficulties on learning
- frequency of difficulties displayed
- its intensity
- progress made over time (this should include information about progress against appropriately focused and relevant targets and support)

Social, Emotional and Mental Health

Many children and young people may experience some emotional or social needs; they may cause behavioural difficulties. Behaviour is no longer a Special Educational Need and any concerns about behaviour need to focus on the underlying causes so that appropriate planning for support can take place. For example, behavioural difficulties may be caused by learning or language difficulties or mental health. Behavioural difficulties do not necessarily mean that a child or young person has Special Educational Needs and exclusions are not an 'automatic' trigger for a statutory EHC Needs Assessment.

The vast majority of need in the area of social, emotional and mental health can be met within resources available in early years' settings/schools/colleges (Somerset Core Standards

[https://slp.somerset.org.uk/ipost/iPost%20Documents/8.%20Core%20Standards%20-%20SEMH%20\(CB\).pdf](https://slp.somerset.org.uk/ipost/iPost%20Documents/8.%20Core%20Standards%20-%20SEMH%20(CB).pdf))

A small proportion of children and young people will demonstrate severe and complex difficulties in the area of social, emotional and mental health. Consideration for a statutory EHC Needs Assessment will be considered if, despite appropriate interventions, they are not making expected progress. They are likely to continue to demonstrate a range of behaviours to a severe degree, for example:

- very poor concentration and attention skills
- evidence of mental health needs of a severe nature such as anxiety, depression, attachment disorders
- continual high-level, disruptive behaviour
- conduct disorders, eg defiance, aggression, self-harming

Area of Need	Nature and Severity of Need
Access to the curriculum and impact on learning	<ul style="list-style-type: none"> • Severely reduced ability to focus, engage and participate in learning, inadequate to meet the requirements of already appropriately differentiated curriculum • Rate of progress is unsatisfactory or rate of progress only achieved when consistent, high levels of interventions are in place and they are beyond that normally expected within the core standards
Impact on safety/welfare of the child/young person and/or others	<ul style="list-style-type: none"> • Evidence of mental health needs, for example attachment difficulties, high levels of anxiety, mood swings, depression, which significantly impact on relationships with adults and peers • History of self-harming • Frequent and regular episodes of destructive behaviours, eg damaging property • Frequent and regular aggressive, verbal and physical behaviours or withdrawn/isolated behaviours

The degree of difficulties will be assessed against the evidence of:

- the level of inappropriateness of behaviours particularly in relation to age and context
- frequency
- severity/intensity
- its persistence over time
- impact on learning and progress and on others
- progress over time (this should include information about progress against appropriately focused and relevant targets)
- medical evidence and advice on the type and severity of mental health condition(s) and the impact on education and learning

Sensory and/or physical Needs

Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. Many children and young people with Vision Impairment (VI), Hearing Impairment (HI), Multi-Sensory Impairment (MSI) or Physical Difficulties (PD) will require support and/or equipment to access their learning.

The vast majority of support for children with sensory and/or physical needs will be available in early years' settings/schools or colleges under their specific duties to make reasonable adjustments (Equalities Act) or through their SEN delegated funding to implement the graduated response (SEND Code of Practice). These expectations on educational settings are specified in the Somerset Core Standards:

Vision Impairment (VI)

[https://slp.somerset.org.uk/ipost/iPost%20Documents/11.%20Core%20Standards%200-%20VI%20\(CB\).pdf](https://slp.somerset.org.uk/ipost/iPost%20Documents/11.%20Core%20Standards%200-%20VI%20(CB).pdf)

Hearing Impairment (HI)

[https://slp.somerset.org.uk/ipost/iPost%20Documents/10.%20Core%20Standards%200-%20HI%20\(CB\).pdf](https://slp.somerset.org.uk/ipost/iPost%20Documents/10.%20Core%20Standards%200-%20HI%20(CB).pdf)

Physical difficulties (PD)

[https://slp.somerset.org.uk/ipost/iPost%20Documents/9.%20Core%20Standards%20-%20Physical%20and%20Medical%20\(CB\).pdf](https://slp.somerset.org.uk/ipost/iPost%20Documents/9.%20Core%20Standards%20-%20Physical%20and%20Medical%20(CB).pdf)

Vision Impairment (VI)

Consideration for a statutory EHC Needs Assessment will be considered if there is evidence of the following factors:

- Child/young person is registered blind or partially sighted (very limited functional vision as an indicator, pupils who have a distance vision of 6/18 or poorer may be a cause for concern) therefore unable to access the curriculum without substantial mediation and/or adaptation of materials or the learning environment (evidence from an ophthalmologist must be provided) and/or use of alternative/tactile means of accessing print
- Evidence of progressive visual impairment where the functional vision is expected to deteriorate to a point of very limited functional vision or registered blind
- Evidence that the child/young person's visual difficulties significantly impair his or her mobility, emotional or social development, access to the curriculum, ability to take part in classroom activities or participation in early years/ classroom/school/college life
- Evidence, based on specific examples, that the child/young person's visual difficulties places him/her under significant stress with associated withdrawn or frustrated behaviour

Hearing Impairment (HI)

Consideration for a statutory EHC Needs Assessment will be considered if there is evidence of the following factors:

- Child/young person experiences a bilateral sensori neural hearing loss- as an indicator an average hearing loss(without hearing aids) in the better ear of 71 – 95 dBHL
- Child/young person experiences a mixed hearing loss which of both sensori neural and long term conductive loss cumulating in a hearing loss in the better ear of 71 – 95 dBHL
- The hearing loss is such that a pupil is unable to access the curriculum without substantial mediation and/or adaptations of curricular materials and/or the learning environment (modifications of materials likely to require adult support and/or specialist equipment, including adaptations to the acoustic environment)
- The child/young person's hearing loss significantly impairs his/her emotional or social development, ability to take part in early years/classroom school/ college activities
- Evidence, based on specific examples, that the child/young person's hearing difficulties places him/her under significant stress with associated withdrawn or frustrated behaviour

It is likely that additional consideration should be given to the child/young person's language needs as specified in the communication and interaction section.

Multi-Sensory Impairment (MSI)

Some children and young people have a combination of vision and hearing difficulties (deaf/blind).

Consideration for a statutory EHC Needs Assessment will be considered if there is evidence against a combination of criteria – refer to VI and HI above.

Physical Difficulties (PD)

Consideration for a statutory EHC Needs Assessment will be considered if there is evidence of the following factors:

- The child/young person is unable to participate in the curriculum without significant adult support and/or substantial adaptation of teaching materials and the learning environment compared to the majority of other children/young people of the same age
- The child/young person experiences significant self-help and/or mobility difficulties in relation to others of the same age group, for example high level of adult support is needed to meet basic care needs
- The condition gives rise to serious safety issues requiring close adult supervision
- There is a substantial evidence base of specific examples that the child/young person's inability to take part in early years/school/college life places him/her under significant emotional or physical stress

NOTE:

Some children and young people have needs that span across two or more areas. In exceptional circumstances, it may be possible for a number of less severe Special Educational Needs to have a significant cumulative effect on a child or young person's progress and an EHC Needs Assessment may be appropriate. The Graduated Approach must be implemented in all cases so that interventions can be tested over time.

Criterion 2: Relevant and purposeful action taken by the early years setting, school or college

In considering a request for a statutory EHC Needs Assessment or availability of additional top up funding (EY only) the Local Authority will require evidence of the graduated response, which shows that despite the relevant, evidence based actions taken by the educational setting the child or young person continues to experience significant difficulties and is not making progress. It is expected that the evidence will include:

- at least two cycles of assess-plan-do-review at the SEN Support stage over a period of a minimum of 6 months
- information about the provision and support already in place which reflects the delegated resources for SEN (a high need is a pupil whose provision costs more than £10K). Before a request for a statutory EHC Needs Assessment is made it is expected that the support set up in the Somerset Core Standards has been fully implemented and reviewed over time (at least two cycles of reviews), <https://www.somersetchoices.org.uk/family/information-and-advice/core-standards-for-education/>

The evidence must demonstrate:

- the support provided by the early years setting/school/college has been proportionate and relevant to the assessed Special Educational Needs. Quality of support must be considered (for example is it evidence based, has it been delivered by appropriately skilled and trained staff)
- how the special educational provision has been planned and how does it relate to the short term targets and longer term outcomes
- how different teaching/support approaches, materials and/or equipment are used, how the environment has been adapted
- the outcomes of the support already in place; is the child/young person making progress, if not does the support need to change rather than increase
- specialist advice from a relevant professional has been used to consider the additional assessments, effectiveness of support and monitoring of outcomes.

The Local Authority will expect for the special educational provision to be:

- evidence based
- relevant to the type of identified SEN
- proportionate to the severity of SEN

Request for the EHC Needs Assessment must outline how a statutory EHC Needs Assessment would enhance the special educational provision already in place and how is it going to be additional and different from the expectations set out in the Somerset Core Standards.

A statutory EHC Needs Assessment will only be agreed if BOTH criteria are met. All decisions will be made on case by case basis.

Exceptional circumstances

In very exceptional circumstances a statutory EHC Needs Assessment may be started without the evidence of actions taken by the early years setting, school or college. These circumstances include:

- a child, previously not known to the LA or educational setting (for example moved in from another area or from abroad) whose learning difficulties are so severe that they are likely to require immediate specialist provision

Or

- an unexpected/sudden difficulty which occurred as a result of a medical condition or an accident

Children with medical needs and/or disability

A medical diagnosis or a disability does not necessarily imply Special Educational Needs.

Children with medical conditions but without Special Educational Needs will not be considered for a statutory EHC Needs Assessment. In these circumstances individual healthcare plans specify the type and level of support required to meet the medical needs of children/young people with medical needs.

The children and Families Act 2014 places a duty on schools to support pupils with medical conditions. Schools are required to have regard to statutory guidance 'Supporting pupils at school with medical conditions'

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf.

Early years providers should take steps to ensure that children with medical conditions get the support required to meet those needs (as set out in EYFS framework).

The Equality Act 2010 sets out legal obligations on early years providers, schools and post 16 institutions to make reasonable adjustments, including the provision of auxiliary aids and services, to ensure that children and young people are not at a disadvantage compared with their peers.

Appendix A: Checklist for EHC Needs Assessment referrals

Before requesting an EHC Needs Assessment please use this checklist to ensure that:

- the request is appropriate
- attached evidence supports all criteria outlined in the guidance
- ensure that all relevant sections of the application are fully completed and relevant evidence is attached.

Failure to provide appropriate documentation may result in unnecessary delays.

Criteria/indicators	Attached Yes/No	Evidence (attached to this request)
Child/young person's views, wishes, aspirations		
Parents/carers views and contributions to the assessment – plan- do- review process		
Special Educational Needs (make sure that type, severity and impact are clear)		
Cognition and learning (must be completed for all applications)		eg cognitive assessments, teacher assessments
Communication and interaction needs		eg speech and language report
Social, emotional and mental health difficulties		eg Thrive assessment, behaviour log, medical report
Vision Impairment (if relevant)		eg ophthalmological report, specialist VI teacher contribution
Hearing Impairment (if relevant)		eg audiological reports, specialist HI teacher contribution
Physical Difficulties (if relevant)		eg medical evidence
Progress over time Concerns about progress (despite relevant and purposeful support) can be characterised by progress which:		
<ul style="list-style-type: none"> • is significantly slower than that of peers starting from the same baseline • child/young person fails to match or better previous rate of progress • child/young person fails to close the attainment gap or the gap widens (6.17, 9.14, SEN code of Practice) 		
Rate of progress		
Analysis of the rate of progress		This may include information about specific interventions that escalated progress, contextual background information, explanation of any inconsistencies in assessment results.

Criteria/indicators	Attached Yes/No	Evidence (attached to this request)
Relevant and purposeful action		
Person centred planning		
Focus on outcomes		
Clear cycle of assess-plan-do-review (at least 2 cycles over minimum of 6 months with appropriate advice from relevant specialists). For sudden severe SEN refer to exceptional circumstances		
Differentiated quality first teaching in place		
Evidence-based strategies in place		
Support relevant to the identified Special Educational Needs		
Support linked to agreed outcomes		
Advice from specialist services implemented over time		
Impact of additional provision evaluated and adjusted through the review process		

Please note that in the process of decision making the Local Authority will take account of the quality of the evidence provided.

It is recommended that the SEN support review form (Appendix B) is used throughout the assess, plan, do, review process.

The last two review forms must be submitted to evidence the most recent 2 cycles of graduated approach.

My SEND Support Review

Review Date:	
---------------------	--

- This review form should help to guide parents, young people and practitioners through the review process and address all aspects of child/young person's life. It incorporates holistic and person centred approaches to the review process.
- The vast majority of children and young people with SEND will have their needs met within local mainstream Early Years' settings, schools and colleges. SEND support review process is an essential element of that provision.
- Please fill in as much of this report as possible prior to the meeting.
- Parents/carers and children/young person will be offered a date for their review at least two weeks in advance.
- The child/young person and parents will be invited to attend and/or contribute to the meeting.
- Please refer to Somerset's Core Standards as this will provide an identification and support pathway for SEND <https://www.somersetchoices.org.uk/family/information-and-advice/core-standards-for-education/>

Personal Details

Name		DOB		UPN		
Educational Setting					Year Group	
Address of child/young person						
Email and/or Tel No of child/young person (if applicable)						
Child in Care?	Yes / No	If Yes, Name of Local Authority				
Primary Need				Diagnosis (if any)		
Date of last review		High Needs Funding Category				
Educational Attendance %						

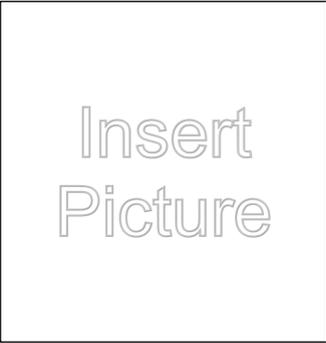
Parent/Carer Name			
Relationship to child		Parental Responsibility	Yes / No
Address if different from above			
Tel Number		Mobile Number	
Email			
Do you have a disability that we made need to consider when communicating with you? If yes please specify below			Yes / No

Parent/Carer Name			
Relationship to child		Parental Responsibility	Yes / No
Address if different from above			
Tel Number		Mobile Number	
Email			
Do you have a disability that we made need to consider when communicating with you? If yes please specify below			Yes / No

Part 1: All About Me

Please read the guidance below before completing

- Questions in this section have been designed to give a full picture of the child/young person and should be completed by the child/young person prior to their annual review.
- Questions with an asterisk * must be completed and the rest completed where appropriate. Boxes not used can be deleted.
- Questions should be differentiated and visual aids used where required, i.e. a person centred approach. This can be appended to the paperwork if necessary. The child/young person can use a range of resources, eg pictures, drawings, PowerPoints and videos.



Insert
Picture

My Hopes and Dreams for the Future

***My hopes and dreams?**

•

Next year I want to be able to...

•

New things I would like to try

•

Looking back over the past year at my education

Has anything happened in my life during the last year that I think was very important? (ie moving house, moving school etc). If Yes, please describe below

-

*What worked well and why?

-

*What didn't go so well and why?

-

What am I proud of achieving over the last year and why?

-

Learning

***How do I learn best? (eg quiet environments, in a group, with tasks broken into smaller steps with repetition, written instructions, pictures, verbal instructions, or by doing things/hands on)**

-

What stops me from learning?

-

Communication

***How do I like to communicate?**

-

What makes it difficult for me to communicate?

-

What helps me to communicate?

-

Social, Emotional and Wellbeing

***What do I like about my educational setting (pre-school, school, college)?**

-

***What don't I like about my educational setting?**

-

These are the activities I take part in (ie sports/clubs)

-

To improve my time here I would like to...

-

Sensory and/or Physical

(Optional, to be completed if relevant)

Do your sensory and/or physical needs impact on your day?

-

Do you use any specialist equipment?

-

Self-help, Independence and Keeping Safe

Are you able to organise yourself in lessons? If no, what makes it difficult to be able to organise yourself?

-

Are you able to get around the site on your own?

-

Hobbies and Interests

*What do you like and enjoy doing?

-

*What are you good at?

-

*What is important to you?

-

Did you have help writing these answers? If yes, please write their name and relationship to you and explain how they helped.

Part 2: Parents' views of the past year and aspirations

Please send this section to parents prior to the review meeting for completion. Parents needing support to complete this form can contact...

Our hopes for our child now and in the future

--

What is working well? (Education)

--

What is not working well? (Education)

--

What is working well? (Outside of Education)

--

What is not working well? (Outside of Education)

--

Any other comments you wish to make

--

Part 3: Educational Setting's Views

Please comment on child/ young person's rate of progress. Please include reflection and analysis of interventions that have escalated progress in English, Maths and other relevant subjects as appropriate.

What is working well?

What is not working well?

Part 4: Progress and Attainment

This part must be completed in full in *all* cases. Attainment data should be forwarded onto the young person's next setting following transitions so as much information is available as possible.

Foundation Stage Individual Progress Tracker – Early Years

'A best fit judgement indicates the age/stage band which best describes the child's current development – the band where the child is mainly working'

		Prime Areas (Months)								Specific Areas (Months)								
		Personal Social and Emotional			Communication and Learning			Physical Development		Literacy		Maths		Understanding the World			Expressive Art and Design	
Date	Chronological age in months	MR	SCSA	MFB	LA	U	S	MH	HSC	R	W	N	SSM	PC	W	T	EMM	BI

MR	Making Relationships	LA	Listening and Attention	MH	Moving and Handling	W	Writing	PC	People and Communities	EMM	Exploring and using Media and Materials
SCSA	Self-Confidence and Self-Awareness	U	Understanding	HSC	Health and Self-Care	N	Numbers	W	The World	BI	Being Imaginative
MFB	Managing Feelings and Behaviour	S	Speaking	R	Reading	SSM	Shape, Space and Measure	T	Technology		

Progress and Attainment – KS1 and KS2

Attainment levels listed below must be gained *independently* (without support), at the end of each year.

This part must be completed in full in *all* cases.

Note – please select foundation stage, school age or post 16 page, as relevant in each individual case.

	KS1		KS2			
	1	2	3	4	5	6
English						
Speaking						
Listening						
Reading						
Writing						
Maths						
Science						
School based formal assessments						
Reading Age						
Test Used						
Spelling Age						
Test Used						
Other Assessments						

Progress and Attainment – KS3 and above

Attainment levels listed below must be gained independently (without support), at the end of each year.

This part of the form must be completed in full in *all* cases.

	KS3			KS4	
	7	8	9	10	11
English					
Speaking					
Listening					
Reading					
Writing					
Maths					
Science					
School based formal assessments					

Year 11 Plus	Qualifications already achieved	Expected outcomes	On Target? Yes or No	Comments
Vocational Qualifications				
GCSEs				
A Levels				

Part 5: Preparing for Adulthood

This section must be completed once the young person reaches Year 9 and should focus on independent living skills and student's aspirations for employment or further education

Your targets and aspirations – what is important for the next year – <i>What are you aiming for?</i>				
Study Programme	Employability (work experience)	Personal (Emotional/Behaviour)	Social	Independence
Planned Outcome(s): <i>(These need to be smart and include acquiring skills for potential employment and / or independence)</i>				
Learning and Work:				
Independent Living:				
Community Inclusion (relationships, communication and interaction):				
Future educational placement options (eg further education, apprenticeships etc)				

Part 6: Description of Strengths and Needs

Educational Needs

Describe any changes to needs and any developing strengths

Cognition and learning	
Strengths	Needs
SMART Outcomes	
Long Term (within 1-5 years): <ul style="list-style-type: none">•	
Short Term (6-12 months): <ul style="list-style-type: none">•	
Communication and interaction	
Strengths	Needs
SMART Outcomes	
Long Term (within 1-5 years): <ul style="list-style-type: none">•	
Short Term (6-12 months): <ul style="list-style-type: none">•	

Social, emotional and wellbeing

Strengths

Needs

SMART Outcomes

Long Term (within 1-5 years or Key Stage as appropriate):

-

Short Term (6-12 months):

-

Sensory and/or physical needs

Strengths

Needs

SMART Outcomes

Long Term (within 1-5 years):

-

Short Term (6-12 months):

-

Self-help, independence skills and keeping safe	
Strengths	Needs
SMART Outcomes	
Long Term (within 1-5 years): <ul style="list-style-type: none"> 	
Short Term (6-12 months): <ul style="list-style-type: none"> 	

Physical and Mental Health Needs

Please outline the child/young person's health needs, if applicable

Does the child have a health need which reduces or restricts their ability to learn and take part in educational activities? If Yes, please give details below. If No, please go to the next section	Yes / No
Please give the name of the child's GP	
Has your child seen a paediatrician or another specialist health service? If Yes, please give details of who and where together with the reasons for the involvement below. Please tell us about any ongoing treatment.	Yes / No
Does your child have any therapies? If Yes, please give details of who with and the key reasons why below	Yes / No
Does your child have a Health Care plan at school?	Yes / No
Does your child have Counselling or CAMHS support? If Yes, please tell us below who the lead professional is	Yes / No

Care Needs

Does the child/young person attend activities/child care outside of school? If Yes, please give details of the activities below	Yes / No
Do the activities above provide the child/young person time with their peer group?	Yes / No
What support do they receive from family, friends, community members and other professionals?	
What does the child/young person and family find difficult? What could be done differently to help?	
Is the child/young person vulnerable in the community? Do they feel safe?	
Is the family working with a Family support worker or Parent family support adviser? If Yes, please state who below	Yes / No
Is there an early help assessment in place?	Yes / No
Is the child/young person currently or previously known to social care? If Yes, please give details of the social worker below	Yes / No
Has the family had any previous or current social care assessments or involvement? If Yes, please give details including details of social worker	Yes / No
Do parents give consent for the Local Authority to contact any professionals currently supporting the family if needed?	Yes / No

Part 7: Strategies and outcomes for the child/young person (Plan, Do, Review)

	Which is provided?	How often	By Whom	Date started	Date Reviewed	Evidence of impact, ie increase in levels/spelling age/ reading age etc	Should the strategy be ceased, amended or continued?	Details of next steps
Whole Class								
Small group								
Individual								

Section 8: Contributions to the Review

Role	Name(s)	Invited to review/meeting		Date advice/report received	Attended review meeting		Sent report of review meeting		Additional advice required	
		Yes	No		Yes	No	Yes	No	Yes	No
Child/young person										
Parent(s)/Carer(s)										
Parent(s)/Carer(s)										
SENCO/Inclusion Manager										
Teacher/Tutor										
Teaching Assistant/Keyworker										
Educational Psychologist										
Health										
Social Care										

Part 9: Additional Information

Action Plan (Optional)

Action	By whom	By when

Additional Comments

Part 10: Signatures

Child/young person

Parent/Carers

Headteacher

Review Facilitator

Date

.....

.....

.....

.....

.....

Request for a Statutory Assessment of Education, Health and Care Needs for Children and Young People aged 0-25

This form needs to be attached to the most recent SEN Review form.

Name		DOB		NCY	
-------------	--	------------	--	------------	--

Part 1: Checklist for EHC needs assessment referrals

Before making an EHC needs assessment please use this checklist to ensure that:

- the request is appropriate
- current SEND Support Review and attached evidence which supports all criteria outlined in the guidance
- ensure that all relevant sections of the application are fully completed and relevant evidence is attached.

Failure to provide appropriate documentation may result in unnecessary delays.

Criteria/indicators	Attached Yes/No	Evidence (attached to this request)
Child/young person views, wishes, aspirations		Eg Pupil passport
Parents/carers views and contributions to the assessment plan-do-review process		
Special Educational Needs (make sure that type, severity and impact are clear)		
Cognition and learning (must be completed for all applications)		Eg cognitive assessments, teacher assessments
Communication and interaction needs		Eg S&L report
Social, emotional and mental health difficulties		Eg Thrive assessment, behaviour log, medical report
Vision Impairment (if relevant)		Eg ophthalmological report, specialist VI teacher contribution
Hearing Impairment (if relevant)		Eg audiological reports, specialist HI teacher contribution
Physical Difficulties (if relevant)		Eg medical evidence

Criteria/indicators	Attached Yes/No	Evidence (attached to this request)
<p>Progress over time Concerns about progress (despite relevant and purposeful support) can be characterised by progress which:</p> <ul style="list-style-type: none"> • Is significantly slower than that of peers starting from the same baseline • Child/young person fails to match or better previous rate of progress • Child/ young person fails to close the attainment gap or the gap widens (6.17, 9.14, SEN Code of Practice) 		
Rate of progress		
Analysis of the rate of progress		This may include information about specific interventions that escalated progress, contextual background information, explanation of any inconsistencies in assessment results.
<p>Relevant and purposeful action</p>		
Person centred planning		
Focus on outcomes		
Clear cycle of assess plan do review (at least 2 cycles over minimum of 6 months with appropriate advice from relevant specialists). For sudden severe SEN, refer to exceptional circumstances		
Differentiated quality first teaching in place		
Evidence based, strategies in place		
Support relevant to the identified special educational need		
Support linked to agreed outcomes		
Advice from specialist services implemented over time		
Impact of additional provision evaluated and adjusted through the review process		

Please note that in the process of decision making the local authority will take account of the quality of the evidence provided.

It is recommended that the SEN support review form (Appendix B) is used throughout the process of assess, plan, do, review. The last two SEND Support review forms should be sent with the request for EHC needs assessment to evidence the most recent 2 cycles of graduated approach.

Please do not submit the following documentation:

- Confidential information such as child Protection Plan, conference notes or any other notes without an appropriate authorisation.
- Any original documents.
- Information that includes names of other children.

If the request for Statutory Assessment is agreed, a coordinator will work with the family and child or young person to gather existing report and ask for new ones where needed. Professionals involved with the child/young person will be expected to come to a multi-agency meeting with the family to talk through their assessments.

Part 2: From the Perspective of the Educational Setting

Reasons for request

Parent/Carer consent

Part 3: Parent/carers consent for sharing information under the age of 16

I agree for the request for Education, Care and Health needs assessment to be submitted to Somerset Council

Signature		Date	
Relationship to child/young person			

I understand that if an education, health and care needs assessment is agreed, information about the child named above will be shared with professionals involved with them to support the assessment and planning process. This will include information provided by the school or educational setting, assessment by an educational psychologist, classroom observation and report; medical assessment and health care reports, information from social care or family support services and other information and reports that are relevant to the needs of the child named above.

I also give permission for the child named above to undergo a medical examination, an educational psychologist assessment and a classroom observation as part of the statutory assessment process. Other assessments may also be requested as appropriate.

Part 6: Mental capacity

Young people over the age of 16 have the right to have a say in decisions made about their future. They also have a right to have a say about services in their area and give their thoughts and opinions about them. Parents and carers are often happy to continue to support young people in making decisions, or act on their behalf, as long as the young person is happy for them to do so. Young people are encouraged to share information with their parents/carers. The college does not have to keep parents informed once young people reach the age of 18. The college should get the consent of the young person before sharing any information when they reach the age of 18. If a young person specifically says they don't want their parents to know something and they are 18 or older the college cannot give them that information.

However, some young people may not have the mental capacity to make certain decisions. The Mental Capacity Act (2005) sets out five key principles relating to those who may lack capacity:

- It should be assumed that everyone can make their own decisions unless it is proved otherwise.
- A person should have all the help and support possible to make and communicate their own decision before anyone concludes that they lack capacity to make their own decision.
- A person should not be treated as lacking capacity just because they make an unwise decision.
- Actions or decisions carried out on behalf of someone who lacks capacity must be in their best interests.
- Actions or decisions carried out on behalf of someone who lacks capacity should limit their rights and freedom of action as little as possible.

If a young person is aged between 18 and 25 and lacks mental capacity which has been attested to by a suitably qualified professional then a person cannot make decisions for them unless they have either a Lasting Power of Attorney to make those decisions or has been appointed their representative by the Court of Protection.

If a young person is aged between 16 and 17 and lacks mental capacity which has been attested to by a suitably qualified professional then providing they are acting in their son or daughters best interests parents may make some decisions for them without the need to be their legally appointed representative.

Please see Annex 1 of the SEND Code of Practice for more information.

If a young person is aged 16 or 17 and does not have a legally appointed representative but their parent/carer would like to be their representative they must write to us explaining why. Each case will be looked at on an individual basis.

Part 4a: Young person's (16 years and over) consent for an Education Health and Care Assessment

Who has the right to make the request for a post 16 EHC plan?

- A young person over the age of 16 but under the age of 25.
- An advocate appointed by the young person (NB - written consent from the young person must be obtained).

- A person acting on behalf of a school or post 16 setting.
- A court appointed representative where a person lacks mental capacity to make a particular decision as defined by the Mental Capacity Act 2005 (see page 4).
- Other people including foster carers, health and social care professionals, probation services etc.

I agree for the request for Education, Health and Care needs assessment to be submitted to Somerset County Council.

Yes I agree for the request to be submitted

I would like more information about the assessment before I decide. I understand that ticking this box may delay the start of my assessment

No, I do not agree for the request to be submitted. I understand that if I tick this box I will not be able to have an Education, Health and Care plan

I consent to a medical assessment, an educational psychologist assessment and a classroom observation as part of the statutory assessment process if required. Other assessments may also be requested as appropriate.

Yes I agree to the assessments if they are necessary

I would like more information about the assessments before I decide. I understand that ticking this box may delay the start of my assessment

No, I do not agree to any assessments. I understand that if I tick this box I may not be able to have an Education, Health and Care plan and the process will be delayed

Part 4b: Young person's (16 years and over) consent for sharing information

Sharing information with professionals

I understand that if an education, health and care needs assessment is agreed, information about me may be shared with the professionals involved to support the assessment and planning process. This may include information provided by the school or educational setting, assessment by an educational psychologist, classroom observation and report; medical assessment and health care reports, information from social care or family support services and other information and reports that are relevant to my needs.

I agree that my information can be shared with professionals

Sharing information with parents and adults known to me

I agree that my information can be shared with my parents/carers and adults named in my supporting evidence

I do not want any information shared with my parents/carers or adults known to me without my permission

Part 5: Nominating an advocate

I do not want to nominate an advocate

I would like to nominate an adult who has parental responsibility to help me to share my views and I give my consent to information being shared with them

I would like to nominate an adult who does not have parental responsibility to help me to share my views and I give my consent to information being shared with them

The name of the adult is

Their relationship to me is

Declaration

This section should be signed by you (the young person) **and** an advocate if you have appointed one. By signing this section you are confirming that you have understood the form and that you agree with the statements next to the boxes you have ticked in Parts &

Young person's Signature		Date	
Young person's name (Please print)			
Name of advocate (if appropriate)			
Advocate's signature (if appropriate)		Date	

Part 6a: Young person's representative's consent for sharing information for a young person aged 16-25

Please complete this only if the young person has a legally appointed representative under the Mental Capacity Act 2005.

Name of young person

I _____ (full name) am the legally appointed representative of the young person named above. I have been given this authority legally by (please tick the criteria which applies).

A lasting or enduring power of attorney (If the young person is aged 18 to 25)

Being appointed by the Court of Protection

Part 6b: Consent for an Education Health and Care Assessment

I agree for the request for Education, Health and Care needs assessment to be submitted to Somerset County Council.

Yes I agree for the request to be submitted

I would like more information about the assessment before I decide. I understand that ticking this box may delay the start of the assessment

No, I do not agree for the request to be submitted. I understand that if I tick this box the Education, Health and Care plan will not be agreed

I consent to a medical assessment, an educational psychologist assessment and a classroom observation as part of the statutory assessment process if required. Other assessments may also be requested as appropriate.

Yes I agree to the assessments if they are necessary

I would like more information about the assessments before I decide. I understand that ticking this box may delay the start of the assessment

No, I do not agree to any assessments. I understand that if I tick this box the Education, Health and Care plan may not be agreed and the process will be delayed

Part 7: Representative's consent for sharing information

Sharing information with professionals

I understand that if an education, health and care needs assessment is agreed, information about the young person named above may be shared with the professionals involved to support the assessment and planning process. This may include information provided by the school or educational setting, assessment by an educational psychologist, classroom observation and report; medical assessment and health care reports, information from social care or family support services and other information and reports that are relevant to the young person's needs.

I agree that the information can be shared with professionals

Sharing information with parents and adults known to the young person

I agree that the information can be shared with the young person's parents/carers or adults named in the supporting evidence

I do not want any information shared with the young person's parents/carers or adults named in the supporting evidence without my permission

Declaration

This section should be signed by the young person's representative named in Part 7 By signing this section you are confirming that you have understood the form and that you agree with the statements next to the boxes you have ticked in Part 7.

Signature		Date	
Name			
Relationship to the young person			

Part 7b: Parent/carer/young person’s consent for sharing information

I agree for the request for Education, Care and Health needs assessment to be submitted to Somerset Council

Signature		Date	
Relationship to child/young person			

I understand that if an education, health and care needs assessment is agreed, information about the child named above will be shared with professionals involved with them to support the assessment and planning process. This will include information provided by the school or educational setting, assessment by an educational psychologist, classroom observation and report; medical assessment and health care reports, information from social care or family support services and other information and reports that are relevant to the needs of the child named above.

I also give permission for the child named above to undergo a medical examination, an educational psychologist assessment and a classroom observation as part of the statutory assessment process. Other assessments may also be requested as appropriate.

Signature		Date	
Relationship to child/young person			

Completed form and additional documents should be emailed to:
statutoryassessment@somerset.gov.uk clearly stating that this is a request for assessment.

NB: Please email the SEN Area Base Coordinator to advise that a request has been made.

Appendix D: Banding descriptors

The banding descriptors are a needs led tool to ensure fair, transparent and evidence-based allocation of top up funding across all types of educational settings in Somerset. They should be used in the context of the guidance on decision making document for requests for statutory EHC needs assessments. Within each band descriptors are not listed in a specific order, they are not hierarchical and should be used on the basis of 'best fit' match with the evidence provided

	1	2	3	4	5	6	7
Cognition and Learning	<p>Moderate Learning Difficulties or Global Developmental Delay</p> <p>Significant difficulties across all areas of the curriculum</p> <p>Significant delay in reasoning, problem solving, attention and concentration skills</p> <p>Cognitive skills as measured by standardised assessments in Below low average range (1st – 2nd centile)</p>	<p>Band 1 <u>plus</u> additional needs in other areas of SEN</p> <p>Note additional needs should be at least border line band1/2</p>	<p>Severe Learning Difficulties</p> <p>Significantly low (below 1st centile) range on standardised assessments</p> <p>Very slow rate of progress despite a high level of specialist intervention</p> <p><u>Severe means:</u> End of Reception: Below step 7 in the developmental area 'thinking' of the Developmental Journal End KS1: P2 –P5 End KS2: P4 – P8 End KS3 and above: P5 – equivalent of 1c Across core subjects</p>	<p>Band 3 <u>plus</u> additional needs in other areas of SEN Note additional needs should be at least border line band 3/4</p>	<p>Profound and Multiple or Learning Difficulties</p> <p>Functioning at early developmental level</p> <p>Due to level of learning difficulties unable to accomplish personal care, self-help and independence skills throughout the school day</p> <p><u>Profound means:</u> Attainment within P scale range 1-4 throughout their schooling</p>	<p>Band 5 <u>plus</u> additional needs in other areas of SEN</p> <p>Note additional needs should be at least border line band 5/6</p>	<p>Profound and Multiple or Learning Difficulties <u>and</u> other SEN needs at band 7</p>

	1	2	3	4	5	6	7
Communication and Interaction	Speech and Language						
	<p>Language delay in expressive and/or receptive language at a moderate level, ie around 5th percentile for KS2+ children and for KS1 or below a general guide of a level of around half their chronological age</p> <p>Difficulty organising expressive language and making meaning clear</p> <p>Speech difficulties which impact on intelligibility in certain situations or a stammer which restricts talking in certain situations</p> <p>Reception and below children with developing speech sound systems whose speech is unclear but improving</p>	<p>Persistent difficulties with understanding of spoken language typically at 2nd percentile or lower on receptive language OR Unable to use a range of grammatically correct simple structures. May muddle word order or use tele-grammatical structures without grammatical markers</p> <p>Persistent difficulties with speech production which impact on intelligibility and literacy skills. Severe stammer which impacts on ability to take part in wide range of social and curriculum activities</p> <p>Single words may be clear but connected speech poor – speech only intelligible to familiar people</p>	<p>Persistent difficulties with understanding of spoken language typically at 2nd percentile or lower on receptive language AND Unable to use a range of grammatically correct simple structures. May muddle word order or use tele-grammatical structures without grammatical markers</p> <p>Significant difficulties with speech production resulting in communication difficulties with adults and peers</p> <p>Difficulties cause significant impact across all areas of the curriculum</p> <p>Severity of need may need use of supplementary means of communication, eg signing or a communication photo or symbol book</p>	<p>Band 3 <u>plus</u> additional needs in other areas of SEN</p> <p>Note: additional needs should be at least borderline band 3/4</p>	<p>Profoundly limited language skills; non-verbal <u>and</u> very limited or no understanding of language</p> <p>AND</p> <p>Reliant on other means of communication than spoken language, eg communication aid</p>	<p>Band 5 <u>plus</u> additional needs in other areas of SEN</p> <p>Note: additional needs should be at least borderline band 5/6</p>	<p>Profoundly limited language skills; non-verbal <u>and</u> very limited or no understanding of language</p> <p>AND</p> <p>Unable to use any supportive communication system so entirely reliant on familiar adults interpretation of their needs</p> <p>AND</p> <p>Other SEN needs at band 7</p>
	Social Communication						
	<p>Delayed social communication skills which can lead to anxiety or distress</p> <p>Social communication difficulties which impact on the ability to engage in the classroom/learning activities</p> <p>Difficulties recognising and communicating emotions, but in some circumstances able to describe basic feelings and communicate needs</p> <p>Difficulties forming and maintaining friendships with</p>	<p>Have difficulties developing social communication with peers and adults</p> <p>Rigid and inflexible thought patterns which interfere with engagement in learning</p> <p>Show signs of distress when faced with new people, places, events or when unsure what is going to happen</p> <p>Exhibit difficulty expressing feeling or needs</p>	<p>Limited functional and social communication skills which impacts on the ability to engage in the classroom/learning activities</p> <p>Have difficulties understanding social and physical risks and their own vulnerability</p> <p>Have difficulties managing and sustaining relationships with others</p> <p>Exhibit some rigid or obsessional behaviours which make it difficult to cope with unexpected changes and events</p>	<p>Significantly limited social communication that causes anxiety, limits ability to manage emotions</p> <p>Difficulties significantly impact on ability to sustain learning</p> <p>Regular high levels of distress and anxiety (at least 3 times per week) which may lead to 'acting out' behaviour or 'withdrawn behaviour'</p> <p>Rigid or obsessional behaviours make it difficult to</p>	<p>Profoundly limited social communication that prevent from engaging with learning on daily basis</p> <p>Persistently anxious or frustrated, leading to frequent, and unpredictable, aggressive behaviours</p> <p>Difficulties that present as</p>	<p>Profoundly limited social communication skills, which impact on all areas of learning and social activity including lay times and lunch times</p> <p>Unpredictable, sudden outbursts of challenging behaviour that jeopardizes the health and safety of self and others</p> <p>Frequent ritualistic and obsessional behaviours</p> <p>Unable to recognise</p>	<p>Profoundly limited functional social communication skills which lead to daily, persistently high levels of distress and anxiety</p> <p>Unpredictable, escalating and prolonged challenging behaviours throughout the day that jeopardises health and safety of self and others</p>

	1	2	3	4	5	6	7
	<p>peers</p> <p>Social vulnerability due to lack of understanding and knowledge of social behaviour</p> <p>Have difficulties managing change and transitions</p> <p>Experience difficulties/ unusual responses to sensory experiences (can be easily distracted, upset by noise/touch/light)</p>	<p>Have difficulties understanding social and physical risks</p> <p>Can use language that provokes negative reactions</p>	<p>Difficulties expressing emotions which may lead to challenging behaviours</p> <p>Difficulties that present as manipulative behaviour</p> <p>Exhibits some awareness of personal and social safety of self and others</p> <p>Experience significant difficulties to sensory experiences</p>	<p>cope with unexpected changes and events</p> <p>Difficulties that present as manipulative behaviour that seeks to control the circumstances and challenge authority of staff</p> <p>Unable to reflect on the consequences of their behaviours on others</p> <p>Exhibits lack of awareness of personal and social safety of self and other for most of the time</p> <p>Frequently seeking sensory input to satisfy basic needs which may cause risk to safety of self or others</p>	<p>highly manipulative behaviour that undermine the organisation of the classroom and severely disrupts learning by seeking to control the environment</p>	<p>personal, social, environmental and physical risks</p> <p>Able to form limited appropriate relationships with others and only with support</p>	<p>Daily ritualistic and obsessional behaviours that prevent adults from engaging the pupil with any adult-led activities</p> <p>Lack of awareness of personal safety, exhibits violent behaviour several times a day</p>

	1	2	3	4	5	6	7
Social, Emotional and Mental Health	<p>Involved in regular (weekly) incidents in and outside of lessons; they may create situations which have health and safety implications</p> <p>Emotional needs which are impacting on attitude and approach to learning</p> <p>Regular disruption, attention seeking behaviours</p> <p>Have difficulty with concentration, engagement and participation in learning; this may be as a result of for example fear of failure, or low self-esteem</p> <p>Some attachment seeking or avoiding behaviours needs but able to build relationships with key adults and support</p> <p>Some difficulties engaging in adult directed tasks</p> <p>May display anxiety or emotional distress</p>	<p>Regular incidents (weekly), which may involve challenging outbursts and/or aggression</p> <p>Frequent, persistent unsettled and disruptive behaviour in class eg calling out, interfering with other work, disputes, causing lessons to stop</p> <p>May have mental health needs including attachment difficulties leading to attachment seeking or avoiding behaviours. They may impact on the ability to build and maintain successful relationships with adults and peers</p> <p>Regularly (at least 3 times per week) display anxiety and/or distress</p> <p>Limited concentration and organisation</p> <p>May display some sexualised behaviour compared to other young people in their age group</p>	<p>Regular (weekly) incidents which involve violent outburst and aggression</p> <p>May have mental health needs that significantly impact on the ability to build and maintain successful relationships with adults and peers and may cause the need to feel in control in order to feel emotionally safe</p> <p>Is socially isolated, have difficulty in forming and maintaining relations increasingly displaying low mood, anxiety and depression</p> <p>Needs including impulsivity and unpredictability which can place the pupil and others at risk</p> <p>Have significant difficulties related to level of concentration, engagement and participation in learning</p> <p>May display some inappropriate sexualised behaviour</p>	<p>Regular (at least 3 times per week) incidents which involve violent outbursts and aggression</p> <p>Have mental health needs that significantly impact on the ability to build and maintain successful relationships with adults and peers</p> <p>Has difficulty managing emotional responses, exhibits regular mood swings</p> <p>May display inappropriate sexualised behaviour</p>	<p>Frequent (daily) incidents of violent behaviours</p> <p>Not able to self-regulate emotions and/or behaviours without support</p> <p>Persistently resists adult help, resists joining activities</p> <p>Relationships with staff and peers are very rarely positive</p> <p>Emotional needs lead to challenging behaviours that disrupt teaching groups and jeopardise the health and safety of self and others ie throwing furniture, climbing on roofs</p> <p>Have mental health needs; for example this may include attachment disorder, depression, self-harm</p> <p>May exhibit sexually harmful behaviours and/or vulnerability to child sexual exploitation (require specialist assessment for SHB)</p>	<p>Very frequent (more than once per day) incidents of aggressive behaviours, which are difficult to manage, even with specific, individualised intervention</p> <p>Not able to self-regulate emotions/behaviors leading to frequent incidents which require specific and planned interventions</p> <p>Have complex mental health needs; this may include severe attachment disorder, depression, withdrawn behaviour, severe anxiety</p> <p>May exhibit sexually harmful behaviours and/or vulnerability to child sexual exploitation. Risks managed by a specialist SHB assessment</p>	<p>Band 6 plus these characteristics</p> <p>Persistently high levels of violence and aggression throughout the day, often impulsive with no apparent triggers</p> <p>Unpredictable, prolonged and sudden outbursts of behaviour that disrupts teaching groups and jeopardises the health and safety of self and others</p> <p>Sexually harmful behaviours are persistent and escalating. Risks are managed by a specialist SHB assessment</p>

	1	2	3	4	5	6	7
Sensory and/or Physical	Vision						
	<p>Moderate vision impairments: 6/18-6/36 (LogMAR0.5-0.78)</p> <p>Near vision requiring N18-24</p> <p>Is independently mobile in familiar areas</p> <p>Curriculum access possible with specialist equipment, adaptation of materials and support</p>	<p>Moderate vision impairments: 6/18-6/36 (LogMAR0.5-0.78)</p> <p>Near vision requiring N18-24</p> <p>May require Environmental Audit and/or appropriate familiarisation</p> <p>Curriculum access not possible without significant mediation and/or adaptations of curriculum materials</p>	<p>Severe impairment: 6/36-6/60 (LogMAR0.8-1.00)</p> <p>Near vision requiring N24-36</p> <p>Registered sight impaired</p> <p>Able to access curriculum and buildings only with substantial adaptations of <u>all</u> learning materials</p> <p>Progressive visual impairment where functional vision is expected to deteriorate to registered sight impaired level</p>	<p>Band 4 plus additional needs in other areas of SEN.</p> <p>Note – additional needs should be at least border line band 3/4</p>	<p>Profound impairment: Less than 6/60 (LogMAR 1.02)</p> <p>Registered severely sight impaired</p> <p>Able to access curriculum and buildings only with substantial adaptations of <u>all</u> learning materials</p> <p>Able to access independently buildings and move around the school only with significant support</p>	<p>Band 5 plus additional needs in other areas of SEN</p> <p>Note – additional needs should be at least border line band 5/6</p>	<p>Profound impairment: Less than 6/60 (LogMAR 1.02)</p> <p>Registered severely sight impaired</p> <p>Able to access print materials using braille/tactile methods which require specialist training to produce resources</p> <p>Able to access buildings and move around the school only with regular and individual support</p>
	Hearing						
	<p>Moderate sensory-neural hearing loss greater than 41dB with late diagnosis or onset</p> <p>Curriculum access possible with specialist equipment, adaptation and support</p> <p>Hearing aid user</p> <p>Requires signal to noise ratio of 20-30 dBA</p> <p>Requires classroom reverberation time of 0.4 seconds</p>	<p>Chronic long term persistent conductive hearing and sensory-neural hearing loss in both ears resulting in severe functional hearing loss</p> <p>Curriculum access not possible without significant mediation and/or adaptations of curriculum materials</p>	<p>Severe sensory-neural hearing loss greater than 71dB</p> <p>Could be an acquired hearing loss, congenital or progressive hearing loss</p> <p>Hearing aid/cochlear implant user</p> <p>Requires assistive devices to access curriculum with substantial adaptations of <u>all</u> learning materials</p> <p>Poor auditory memory</p> <p>Requires signal to noise ratio of 20-30 dBA</p> <p>Requires classroom to have reverberation time of 0.4 seconds</p>	<p>Band 4 plus additional needs in other areas of SEN</p> <p>Note – additional needs should be at least border line band 3/4</p>	<p>Profound hearing loss greater than 95dB</p> <p>Hearing aid/cochlear implant user</p> <p>Able to access curriculum <u>only</u> with assistive devices and requires substantial mediation and/or adaptations of materials</p> <p>Requires signal to noise ratio of 20-30dBA</p> <p>Requires classroom, reverberation time of 0.4seconds</p>	<p>Band 5 plus additional needs in other areas of SEN</p> <p>Note – additional needs should be at least border line band 5/6</p>	<p>Profound hearing loss greater than 95dB</p> <p>Only able to develop communication via sign support or alternative methods of communication</p>

	1	2	3	4	5	6	7
Physical Needs	<p>Moderate physical needs</p> <p>Able to use mobility aid with some competence to overcome physical difficulties, eg walking frame or powerchair</p> <p>Likely to have difficulties adapting to new/specific environments</p> <p>May have some communication aids and alternative methods of recording</p> <p>Personal care, positioning and movement needs</p>	<p>Band 1 <u>plus</u> physical needs give rise to serious safety issues requiring close adult supervision</p> <p>And</p> <p>Curriculum access not possible without significant mediation and/or adaptations of curriculum materials</p>	<p>Severe physical impairment</p> <p>Limited mobility but able to have some independence for positioning and /or transfers</p> <p>Requires support in moving positioning and personal care, eating/ drinking needs</p> <p>Will have substantial communication/recording needs associated with physical disability</p> <p>Curriculum access not possible without substantial mediation and/or adaptations of curriculum materials</p>	<p>Band 4 plus additional needs in other areas of SEN</p> <p>Note – additional needs should be at least border line band 3/4</p>	<p>Profound physical needs</p> <p>Has limited ability to contribute to self-care therefore is highly reliant on adult support for moving, positioning, personal care including drinking eating, eg hosting</p> <p>Have severe physical disability that create substantial communication difficulties requiring aid such as 4Talk4 or other assistive curriculum devices</p>	<p>Band 5 plus additional needs in other areas of SEN</p> <p>Note – additional needs should be at least border line band 5/6</p>	<p>Profound physical needs</p> <p>Has total and complex support needs for mobility, personal care, positioning, movement, hoisting and eating/drinking</p> <p>Non-verbal, able to communicate when using specialist communication aids, eg Tellus/Dynavox</p>
Medical Needs	<p>May have needs relating to undertaking practical tasks</p> <p>Moderate medical condition</p> <p>Has diagnosed long term medical condition and/or has needs as a result of a medical trauma</p> <p>Has limited independence in managing medical interventions required for their condition eg personal care, movement</p>	<p>Band 1 <u>plus</u> medical needs give rise to serious safety issues requiring close adult supervision</p>	<p>Severe long term medical condition</p> <p>Has need in managing regular and complex personal care/medical interventions</p> <p>Requires medication and/or medical procedure in an emergency</p>	<p>Band 4 plus additional needs in other areas of SEN</p> <p>Note – additional needs should be at least border line band 3/4</p>	<p>Profound long term progressive/regressive condition(s)</p> <p>Require constant monitoring and some complex medical interventions, without which their condition may seriously deteriorate</p> <p>Support needs for personal care, positioning, movement, eating and drinking</p>	<p>Band 5 plus additional needs in other areas of SEN</p> <p>Note – additional needs should be at least border line band 5/6</p>	<p>Profound long term progressive/regressive medical conditions</p> <p>One or more conditions are not stable</p> <p>Require continues monitoring and support throughout the day <u>and</u> includes complex medical interventions, completely dependent on adults for all aspects of life and care</p> <p>Has total and complex support need for mobility, personal care, positioning, movement, hoisting and eating/drinking, communication, learning and recording</p>