

SENSAP use only:	
Date received & logged (initial):	ACO quality check & date (initial):



EHC1 Proforma

(for professionals and schools/settings)

Please upload the completed form in Word format to the Synergy Gateway portal.

If you do not have access to the portal, please email the Word document to sensap@leeds.gcsx.gov.uk

Child/young person's name:	DOB:
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Your name:	Your role:
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School / setting / service:

Address:

Tel. number:	Email:
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Signed:	Dated:
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By returning this form electronically, or by uploading it to Synergy Gateway, you are agreeing that Leeds City Council children's services will accept your email as confirmation of the information submitted without an original signature. On receipt of your email we will convert this document to a pdf file and attach this to the child's records.

Have you have shared this report directly with the child's parents/carers or young person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were the parents/carers or young person in agreement with the content of the report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, did you explain your school/service's complaints policy? Please detail the outcome of this:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

This form is being used to: (please select)	
<input type="checkbox"/>	Request an Education, Health and Care (EHC) needs assessment for a child or young person (please complete parts 1, 2 and 3)
<input type="checkbox"/>	Provide advice on behalf of the child/young person's educational setting for an ongoing EHC needs assessment (please complete parts 1 and 2)
<input type="checkbox"/>	Provide professional advice (not from an educational setting) for an ongoing EHC needs assessment (please complete part 1 only)
<input type="checkbox"/>	Provide professional advice for a conversion (please complete part 1)
<input type="checkbox"/>	Provide professional advice for an annual review of an EHC plan (please complete parts 1 and 4)

Completed:	Part 1: <input type="checkbox"/>	Part 2: <input type="checkbox"/>	Part 3: <input type="checkbox"/>	Part 4: <input type="checkbox"/>
For office use only Quality checked:	Part 1: <input type="checkbox"/>	Part 2: <input type="checkbox"/>	Part 3: <input type="checkbox"/>	Part 4: <input type="checkbox"/>

Child or young person's details

Family Name:		First Names:	
Address:		DOB:	
		Telephone/Email:	
Gender:	Ethnicity:	Religion:	

NHS No:	Framework-i No:	Early Help/CAF No:
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Persons with parental responsibility:	Relationship:	Contact details (if different):
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Who is the initial point of contact, and how do they prefer to be contacted?

Language used at home:

Please tick if interpretation or access support needed for the child/young person or their parents/carers: ☐

If yes, please give details:

Please check the box if the child or young person is:

looked after by the Local Authority: ☐ **in shared care:** ☐

If so, please provide the name and details of the child or young person's social worker:

Part 1

Part 1 (A1): Person-centred advice

Through the following headings you should submit your advice and evidence around the child or young person's aspirations and goals for the future (for example giving consideration to their aspirations for paid employment, independent living and community participation). You should also provide details about their play, health, schooling, independence, friendships, further education and future plans including employment (where practical). You should also include information about how to communicate with the child or young person and engage them in decision-making. It may also be appropriate to outline the child or young person's history.

Summary and context of your involvement with the child/young person:

Short and simple information about when the child/young person first came into contact with you/your service, how often you have contact and what this consists of. If you are school-based, tell us what year group the child/young person is in and list any previous schools attended.

Please note this is not a space to list all the child/young person's current interventions; for this please refer to Part 2

What do you like and admire about the child/young person?

What is important to the child/young person?

Consider their likes and dislikes, goals, wishes and aspirations

What is important for the child/young person?

Consider yours and others' aspirations and wishes for the child/young person; what do we want them to be able to do/achieve/develop, particularly in relation to your area of expertise

What is working well for the child/young person?

Summarise key areas in their life, education, provision, etc. that are currently successful, particularly in relation to your involvement with / provision for the child/young person

What is not working so well for the child/young person?

Summarise key areas in their life, education, provision, etc. that currently require further support / development / investigation, particularly in relation to your involvement with / provision for the child/young person

Part 1 (A2): Child / young person's views, wishes and aspirations

Please describe the child/young person's views on their aspirations and goals for the future, and their education, health and care needs/provision. Please ensure that you also make reference to how these views were obtained or interpreted, for example: through the use of picture association, scribing support, teacher observation etc., and the date and context of when they were gathered. If possible please attach the 'raw' views of the child/young person as they have been sought.

Please tick the box if you have attached additional information []

Part 1 (B): The child or young person's SEN

All of the child or young person's identified special educational needs must be specified. SEN may include those requiring health and social care provision where such provision is for the child/young person's education or training.

Consideration of the following main areas of needs may help to structure your thoughts:

Communication and interaction; cognition and learning; social, emotional and mental health; physical and/or sensory needs; independence and self-care.

Please note this is for you to write details of the child/young person's current functioning, strengths and areas of need. Use the headings as listed above to help structure your thoughts.

Summarise the child/young person's current level of attainment:

Summarise the child/young person's targets or predicted levels:

Please indicate whether these target/predictions are for the end of academic year or Key Stage.

Part 1 (B): Category of Special Educational Provision Need

This section is for completion by the Educational Psychology Team only

Please specify the child/young person's primary and secondary types of provision need. This information will be used for the purposes of collating data, monitoring trends, and to inform city-wide and locality-based commissioning processes.

TYPE OF NEED	PRIMARY NEED (pick one)	ADDITIONAL NEEDS (please rank)
001 SPLD Specific Learning Difficulty	<input type="checkbox"/>	
002 MLD Moderate Learning Difficulty	<input type="checkbox"/>	
003 SLD Severe Learning Difficulty	<input type="checkbox"/>	
004 PMLD Profound/Multiple Learning Difficulties	<input type="checkbox"/>	
005 SEMH Social, Emotional, Mental Health	<input type="checkbox"/>	
006 SCLN Speech, Communication & Language Needs	<input type="checkbox"/>	
007 HI Hearing Impairment	<input type="checkbox"/>	
008 VI Visual Impairment	<input type="checkbox"/>	
009 MSI Multi-Sensory Impairment	<input type="checkbox"/>	
010 PD Physical Difficulty	<input type="checkbox"/>	
011 ASD Autism Spectrum Disorder	<input type="checkbox"/>	
012 OTH Other	<input type="checkbox"/>	
013 NSA SEN but no specialist assessment of type of need	<input type="checkbox"/>	

Part 1 (C): The child or young person's health needs

Please provide details of any health needs which relate to the child or young person's SEN. Some health care needs, such as routine dental health needs, are unlikely to be related.

The Clinical Commissioning Group (CCG) may also choose to specify other health care needs which are not related to the child or young person's SEN (e.g. a long term condition which might need management in a special educational setting).

Please write here any additional medical or health needs that the child or young person has. This may include details of medical diagnoses, medication, operations or medical procedures, etc. If you have listed a medical diagnosis please provide additional information from a relevant medical professional which confirms this diagnosis.

☐

Please tick if the child/young person is in receipt of Continuing Healthcare Funding

Part 1 (D): The child/young person's social care needs

Please provide details of any social care needs which relate to the child or young person's SEN or which require provision for a child or young person under 18 under section 2 of the Chronically Sick and Disabled Persons Act 1970. The local authority may also choose to specify other social care needs which are not linked to the child or young person's SEN. This could include reference to any child in need or child protection plan which a child may have relating to other family issues such as neglect. Such an approach could help the child and their parents manage the different plans and bring greater co-ordination of services. Please also indicate whether the child's parents or the young person has given your consent to include this information in the writing of an EHC plan.

Write here any further information about the child/young person's social care needs; this may be details about a current Early Help Plan (formerly CAF), Child In Need plan, Child Protection Plan, or current issues in the home setting. Where you have referred to other documents/plans please submit them (with permission from the child's parents or the young person).

Part 1 (E-H2): New Outcomes and Provision

Outcome: What it is intended that the young person will be able to do that they cannot do now, and by when this will be achieved. (Outcomes must be **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime-specific)

Provision: Any appropriate facilities and equipment, staffing arrangements, curriculum, and/or modifications to or exclusions from the National Curriculum, needed for the child/young person to achieve the outcome. (Provision must be detailed, specific and quantified)

Recommended new outcome:

Remember to consider – what do we want the child/young person to be able to do/achieve that they cannot do now, and by when? Consider what is important to/for the child/young person

Provision/actions required to meet the outcome:	By when / how often:	By whom?
<p><i>You do not need to replicate provision which is already contained within the child/young person's current statement of SEN or EHC plan (please highlight the parts which are still relevant). Use this space to write any other provisions which will enable the child/young person to meet the outcome above.</i></p>		

Recommended new outcome:

Provision/actions required to meet the outcome:	By when / how often:	By whom?

Recommended new outcome:

Provision/actions required to meet the outcome:

**By when / how
often:**

By whom?

Recommended new outcome:

Provision/actions required to meet the outcome:

**By when / how
often:**

By whom?

(If you require space for further outcomes, please use the “Extra Outcomes Sheet”, available on the Synergy Gateway portal)

Part 2: Graduated response

Please only complete Part 2 if you are making an **initial request** for an EHC needs assessment, or if you are an **education provider** who is providing further information to an ongoing assessment.

Thorough and accurate completion of this section is vital in order to enable the local authority to determine whether or not an EHC needs assessment is appropriate. If this section is not completed, or does not contain sufficient detail it is likely that the local authority will determine that there is insufficient evidence to determine whether or not the educational setting has undertaken all relevant and purposeful action to identify, assess and meet the special educational needs of the child/young person and whether it is therefore necessary to proceed with an EHC needs assessment. Further support about the graduated approach to SEN can be found in chapters 5, 6 and 7 of the *SEND Code of Practice: 0-25 years*.

How have the child's needs been assessed?

Please demonstrate a clear analysis of the child/young person's needs, drawing on the teacher's assessment and experience of the pupil, their previous progress and attainment and information from the setting's core approach to progress, attainment and behaviour. Explain what advice has been sought from external agencies and provide evidence of their own assessments. Only reports from within the last twelve months are appropriate to submit, unless they contain details of a long-standing diagnosis or significant event.

Please describe the assessments you have undertaken to identify and analyse the child/young person's needs

Professional/agency involved:
Nature of involvement:
Date of involvement (from/until):
Contact details:

Professional/agency involved:
Nature of involvement:
Date of involvement (from/until):
Contact details:

Professional/agency involved:
Nature of involvement:
Date of involvement (from/until):
Contact details:

Professional/agency involved:
Nature of involvement:
Date of involvement (from/until):
Contact details:

Professional/agency involved:
Nature of involvement:
Date of involvement (from/until):
Contact details:

Early Years Foundation Stage If not using EYFS profile please provide details of assessment tools				
	Current assessment	Previous assessment	Previous assessment	Previous assessment
Personal, Social and Emotional development	Level: 	Level: Date:	Level: Date:	Level: Date:
Communication, Language and Literacy	Level: 	Level: Date:	Level: Date:	Level: Date:
Mathematical development	Level: 	Level: Date:	Level: Date:	Level: Date:
Knowledge and understanding of the world	Level: 	Level: Date:	Level: Date:	Level: Date:
Physical development	Level: 	Level: Date:	Level: Date:	Level: Date:
Creative development	Level: 	Level: Date:	Level: Date:	Level: Date:

Key Stages 1, 2 and 3 If not using National Curriculum levels, please provide a key				
	Current assessment	Previous assessment	Previous assessment	Previous assessment
English (speaking and listening)	Level: 	Level: Date:	Level: Date:	Level: Date:
English (writing)	Level: 	Level: Date:	Level: Date:	Level: Date:
English (reading)	Level: 	Level: Date:	Level: Date:	Level: Date:
Maths	Level: 	Level: Date:	Level: Date:	Level: Date:

Key Stage 4 (please also complete KS3 data above)			
	Current level of attainment	Predicted grade	Any other subjects being studied and the current level of attainment:
English			
Maths			

Key Stage 5 and further education: please submit information regarding the young person's current courses, levels and records of assessments and attainment as appropriate	

What **planning** has occurred?

Please describe what planning has taken place to implement appropriate SEN support. How have the other members of teaching and support staff been made aware of the child/young person's needs and what support, teaching strategies and approaches have been shared with them? Please indicate if you have used Individual Education Plans / Early Help paperwork / healthcare plans / Individual Behaviour Plans / other documents that evidence your informed planning for the pupil's SEN support. You do not need to provide copies of these at this stage.

Tell us about how teachers and other staff have been informed about the child/young person's needs, and what advice has been given to them regarding how to make appropriate adaptations, differentiation, considerations and strategies to support the child/young person's needs.

What has been **done** to meet the child/young person's needs?

List the support, interventions and 'Early Help' which has been implemented using the resources and equipment available to the setting

List the interventions and support that has been provided, (including details re when, how often, by whom)

Upon **review**, what impact has there been?

Describe the impact that each provision and intervention has had on the child/young person's progress, and how this has been fed back into the analysis of their needs

Against each support or intervention listed opposite provide an analysis of the impact this has had on the child/young person's progress

Current level of FFI:
(If no FFI currently in place, please explain why this is the case)

Part 3

Please only complete Part 3 if you are making an **initial request** for an EHC needs assessment. We will not commence any actions with regard to this request if it is submitted without a relevant signature from the parent/carer or young person and will be returned to you.

Parent/Carer Data Protection Declaration

Please print this page and ensure that it is signed by the child's parent/carer (for a child of compulsory school age) and submitted with the form.

In accordance with the Data Protection Act 1998, we must inform you that by signing this form you are giving your specific consent for Leeds City Council children's services to process the information we collect from you/your child now and whilst we have involvement with you and/or your family. The purpose of this processing is for the assessment of you/your child for an Education Health and Care Plan (EHC plan) and the issuing and maintenance of the plan where appropriate. This information may be shared not only with other areas within Leeds City Council, but also with other relevant professionals and organisations, such as the NHS and schools, however only where appropriate. This sharing will be done only where it is necessary or where we are legally obliged to do so and is strictly in accordance with the Data Protection Act. If you have any queries regarding information sharing please contact your SEN casework officer in the first instance.

Parent/Carer signature:

Date:

Young Person's Data Protection Declaration

Please print this page and ensure that it is signed by the young person (who is over compulsory school age) and submitted with the form.

In accordance with the Data Protection Act 1998, we must inform you that by signing this form you are giving your specific consent for Leeds City Council to process the information we collect from you now and whilst we have involvement with you and/or your family. The purpose of this processing is for assessing you for an Education Health and Care Plan (EHC plan) and the issuing and maintenance of the plan where appropriate. This information may be shared not only with other areas within Leeds City Council, but also with other relevant professionals and organisations, such as the NHS and schools, however only where appropriate. This sharing will be done only where it is necessary or where we are legally obliged to do so and is strictly in accordance with the Data Protection Act. If you have any queries regarding information sharing please contact your SEN casework officer in the first instance.

Young person's signature:

Date:

Part 4: Progress toward Outcomes

Please only complete this section for the child/young person's annual review. This section is to record any progress that has been made toward achieving the outcomes as detailed in the child/young person's current EHC plan

Outcome 1:

Please describe any progress that has been made toward achieving this outcome:

Has the outcome now been achieved?

Fully achieved: ☐

Partially achieved: ☐

Please describe any changes that need to be made to the outcome or provision in light of the child/young person's progress:

Outcome 2:

Please describe any progress that has been made toward achieving this outcome:

Has the outcome now been achieved?

Fully achieved: ☐

Partially achieved: ☐

Please describe any changes that need to be made to the outcome or provision in light of the child/young person's progress:

Outcome 3:

Please describe any progress that has been made toward achieving this outcome:

Has the outcome now been achieved?

Fully achieved: ☐

Partially achieved: ☐

Please describe any changes that need to be made to the outcome or provision in light of the child/young person's progress:

Outcome 4:

Please describe any progress that has been made toward achieving this outcome:

Has the outcome now been achieved?

Fully achieved: ☐

Partially achieved: ☐

Please describe any changes that need to be made to the outcome or provision in light of the child/young person's progress:

Outcome 5:

Please describe any progress that has been made toward achieving this outcome:

Has the outcome now been achieved?

Fully achieved: ☐

Partially achieved: ☐

Please describe any changes that need to be made to the outcome or provision in light of the child/young person's progress:

Outcome 6:

Please describe any progress that has been made toward achieving this outcome:

Has the outcome now been achieved?

Fully achieved: ☐

Partially achieved: ☐

Please describe any changes that need to be made to the outcome or provision in light of the child/young person's progress:

If you require space to evaluate further outcomes, please use the "Progress Toward Outcomes" sheet, available on the Synergy Gateway portal

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