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**Early Years Application Form:**

**Education, Health and Care Needs Assessment**

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| Application for | **Tina** | | |
| Date of birth |  | Year group | Pre-school |
| Completed by |  | | |
| Designation/role |  | | |
| Setting/School | Pumpkin Pre- School | | |
| Date of application |  | | |
| Date application received by SEN team |  | | |

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| The special educational needs case work team is available to support you in preparing your application. Please email [EHCPApplications@Oxfordshire.gov.uk](mailto:EHCPApplications@Oxfordshire.gov.uk) or contact your SEN Officer. |

**Why are you requesting an Education, Health and Care Needs Assessment at this time?**

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| Tina has been attending Pumpkin day nursery since September 2019. Tina is significantly delayed in her development of skills within communication and interaction, cognition and learning and social emotional and mental health. She particularly struggles to regulate her emotions or tolerate help from adults to help her cope with frustration. Tina is currently supported by the EYSEN team, Early Years SEN Speech and Language Therapy service, Community Paediatrician and Occupational Therapy. We are requesting an Education Health and Care Needs Assessment for Tina in order to ensure her needs are met and she receives the appropriate provision for her complex special educational needs when she moves into school in September 2021.  Tina is awaiting an MDA (Multidisciplinary assessment at the JR) and the Community Paediatrician has suggested to her parents that she is likely to receive a diagnosis of Autism. |

**Part 1: Personal Details**

**The child**

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| Full Name | Tina | | | Date of birth | |  |
| Address |  | | | | | |
| GP Name |  | | | | | |
| GP Surgery |  | | | | | |
| NHS Number |  | | | | | |
| Nationality |  | | | Looked After Child | |  |
| Languages  or preferred method of communication |  | | | Interpretation needed | |  |
| Mobile number  *(optional)* |  | | | Email Address  *(optional)* | |  |
| Primary area of need |  | | | Secondary area(s) of need | |  |
| Name of current setting or school | | |  | | | |
| **The parents or carers** | | | | | | |
|  | | Parent/Carer | | | Parent/Carer | |
| Names | |  | | |  | |
| Address | |  | | |  | |
| Telephone | |  | | |  | |
| Mobile | |  | | |  | |
| Email address | |  | | |  | |
| Languages  or preferred method of communication | |  | | |  | |
| Parental Responsibility | |  | | |  | |
| Interpretation needed | |  | | |  | |

**Part 2: ‘All About Me’**

This section is to record the views, interests and ideas of the child and his or her family. Click [**here**](https://www.oxfordshire.gov.uk/cms/content/education-health-and-care-plan-assessment) to see ways this information can be gathered and recorded or visit:

<http://schools.oxfordshire.gov.uk/cms/sites/schools/files/folders/folders/documents/SEN/guidance/AllAboutMePersonCentredPlanningGuidance.pdf>

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| Tina lives with her mum and dad and baby brother in a house with a garden. Tina’s family have a cat and a rabbit. Tina attends Pumpkin pre-school for 15 hours per week. She has Autism and receives extra adult support at pre school  **People who are important to Tina:**   * Mum and Dad and brother Jamey * Grandma Jean and Grandpa Jo * Jane and Jill who support her at pre-school * Her cat Blob and her rabbit Peter   **What do people like and admire about Tina?**  Tina is a very busy little girl who has her own ideas about what she wants to do. She can be very loving; she really likes cuddles when they are her idea. Tina laughs a lot and really enjoys life to the full.  **How Tina expresses herself:**  Tina pulls people to what she wants.  She can make a choice between 2 alternatives by reaching for the item she prefers.  Tina brings things to familiar adults to show and passes containers to adults if she needs help to open them.  She makes sounds and copies a few words  **How to help Tina communicate:**  Adults wear photos of themselves to point to when modelling requests.  Adults put favourite things in transparent boxes so Tina needs to indicate what she wants.  Model pointing. Play people games and pause for Tina to take part.  **What Tina likes:**  Tina loves to run around outside.  She likes to play simple turn taking games with familiar adults e.g. peek a boo  Tina loves sensory play with sand, water etc.  She likes looking at her photo book and filling and emptying containers  **What Tina doesn’t like:**  Tina doesn’t like loud noises or busy places.  Tina doesn’t like having to sit for group times, snack times etc.  **How does Tina express her feelings?**  Tina is often happy and interested in her surroundings: She laughs and jumps and shows interest by getting absorbed in her play. When unhappy she screams and throws things. She needs a firm but gentle hug to calm down   |  | | --- | |  | |  |   **Tina’s strengths and talents:**  Tina has good gross motor physical skills; she can run, climb and jump.  Tina takes turns with adults who tune into her needs and interests.  Tina can build a tower of 7 bricks and can copy words from Peppa Pig programmes |
| Written by Tina’s mum and key person |
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**‘All About Me’: My family's views**

Add additional pages if necessary

This section is to record the views, interests and aspirations, in relation to the child, of the people important to them, such as parents/carers and other family members

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| Tina is a very happy little girl when things are how she likes them to be; when they are not . . she becomes very distressed and people need to know her well in order to be able to comfort her and it can often take quite a long time. We worry that because she can’t communicate verbally, she will be misunderstood and perceived as being difficult. She gets very anxious when things change unexpectedly and although we know we need to let her develop her independence this will be challenging for us!  Tina loves to be outdoors and finds it very difficult to sit still or follow instructions. At home we have developed a safe environment for her with lots of ways she can remain calm and feel secure e.g. she has a trampoline, a den full of her favourite soft toys (somewhere she can retreat to when she feels overwhelmed), lots of opportunities to be in the garden and play with sand and water, a weighted cushion, a rucksack to wear with her books inside to give it some weight.  We are worried about her future because we want her to have friends and to be able to have relationships and we know this will be hard for her but at the same time we are very proud of our wonderful loving and adventurous girl.  **What we would like for the future:**  We would like Tina to talk so that she can tell us what she is thinking.  We would like Tina to understand when we tell her things are not safe e.g. she needs to hold hands when we are walking by the road.  We would like Tina to play with the other children and have a friend  We would like Tina to be able to sit and listen to stories and songs with the other children  We would like Tina to be able to follow instructions and take part in the school routines and activities  We would like Tina to know when she needs the toilet  We would like Tina to be able to dress herself and eat with a knife and fork |
| Who completed this section: Tina’s mum and dad |
| Relationship to the child: |

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| **Part 3: Education, Health, Care strengths, needs and support**  Provide supporting evidence of SEN and **relevant** and **purposeful action** taken by the Early Years setting or child minder to meet the child’s needs. This section provides the evidence that will be used to make a decision about whether to proceed with an EHC needs assessment. Information should be succinct but specific.   1. **Essential Information to be included for all applications**  |  |  | | --- | --- | | **Information to be attached to the application** | **Name, date and author of the relevant document** | | Setting report including child’s strengths | ✓ SENCO at Pumpkin pre-school | | Current developmental levels including EYFS information | ✓ Pumpkin pre-school | | Evidence of SEN Need. This could include the relevant pages from section ’D’ OCC Guidance: Identifying and Supporting SEN  <https://www.oxfordshire.gov.uk/cms/content/guidance-and-procedures> | ✓ Pumpkin pre-school | | SEN Support and Outcomes Plans or equivalent and reviews. | ✓ | | Individual Intervention Record or similar  [*(OCC template available)*](http://schools.oxfordshire.gov.uk/cms/node/556) | ✓ | | Individual timetable showing the specific and different support (including adult-child ratio) and interventions/strategies that are being provided or need to be provided to assist the child’s inclusion and appropriate access to the EYFS curriculum. | ✓ | | Information on the child’s attendance.  (For guidance and policy see EY Toolkit) | ✓ | | External Information / Advice received from Health e.g. paediatrician, speech and language therapist | ✓ Paediatrician report  ✓ Speech and Language report | | Latest SENSS report(s) e.g. EYSEN, PD, VI, HI etc. | ✓ EYSEN Support Worker visit summary | | Latest CAMHS report | N/A | | 2 Year check (Health and EYFS) |  | | Care plan for children with health needs | N/A | | PEP for a child who is Looked After | N/A | | EHA and TAF (with parental consent) | N/A |   **B. Essential information for children with Social, Emotional and Mental Health needs (SEMH)**   |  |  | | --- | --- | | **Information to be attached to the application** | **Name, date and author of the relevant document** | | Positive Behaviour Support Plan |  | | Risk assessment | ✓ Pumpkin pre-school | | Where available any other reports or assessments relating to the child’s SEMH needs |  | | In the exceptional situation – details of and reasons for any exclusions and or reduced access to the child’s entitlement | N/A |   **C. Essential information for children transitioning between settings**   |  |  | | --- | --- | | **Information to be attached** | **Name , date and author of the relevant document** | | Transition Plan |  | | Proposed individualised timetable illustrating support needs and interventions planned |  | | Proposed risk assessment if appropriate |  | | Proposed Positive Behaviour Support Plan if appropriate |  |   **Part 4: Actions to support Needs**  **Action to meet needs by other agencies**  **Health Support**   |  |  | | --- | --- | | **Give details of the support provided by health services.** | **Name and author of relevant document attached** | | Tina has regular reviews by the Community Paediatrician and is awaiting an MDA  Speech and Language Therapy involvement which has included a ‘Communication and Action’ group. | Report from Community Paediatrician  Report from Speech and Language Therapist. |   **Social Care Support**   |  |  | | --- | --- | | **Give details of the involvement and support provided by Children’s Social Care or provision delivered through the community by LCSS and Early Help e.g. TAF** | **Name and author of relevant document attached** | | An Early Help Assessment has been discussed with the family and they are thinking about whether they feel this would be helpful. |  |   **Part 5: Additional Consideration**  Detail any additional circumstances that you feel should be considered with the application.   |  | | --- | | The Education Health and Care Needs Assessment will help to ensure a better understanding of Tina’s Special Educational needs prior to her starting school in September 2021. Tina’s parents are working hard to understand her needs and are keen to do all they can to support her progress at home and in nursery. Tina has a very loving and supportive home however due to her learning needs her behaviour is very challenging and can often impact on the family life. Tina needs continuous support at nursery to ensure her safety and to work on small steps towards improved communication, interaction, emotional regulation and progress with learning. | |

**Part 6: Consent**

Parent or carer agreement for consideration to assess:

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| ‘I would like an EHC needs assessment for my child ………………………………….    to be requested’  Name ……………………………………Name …………………………………….  Signed ……………………………………Signed …………………………………….  Date ………………………… Date………………………………. |

If you are unsure about signing this page at this time, please contact SENDIASS to discuss your application and any concerns or queries you may have.

**Contact telephone number: 01865 810516**

**Information storage and sharing**

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| **Note for professionals:** Please ensure that the parent/carer has read/understood this section. |

The information in this form will enable professionals to understand what help your child or young person may need. It will be necessary to share this information with appropriate professionals as part of the assessment, should one be made. This could include (but is not necessarily limited to) the Educational Psychology Service, health services including Child & Adolescent Mental Health Services (CAMHS), and Community Paediatricians and social care services. The local authority may also engage the services of practitioners in the private sector to assist with the assessment and or drafting of the plan. In all cases these providers will have been subject to a confidentiality risk assessment undertaken by the Local Authority’s Information Management team.

Our [Privacy Notice](https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/aboutyourcouncil/corporateovernance/GenericPrivacyNotice.pdf) is designed to explain how and why information about you will be used and stored by us.

**Preferred method of communication**

During the application process Oxfordshire County Council will need to contact you.

Please specify your preferred method of receiving communication from the council.

email  hard copy (paper letters)  both email and hard copy

**Secure Communication:**

Oxfordshire County Council uses a secure system called Egress Switch for sending information. It's free to sign up and simple to use when you send messages to us. Please be aware that if you choose to communicate with us by email without signing up your information may not be sent securely.

More details and support can be found on the Egress Website [www.egress.com](http://www.egress.com)