

School / setting referral for an EHC Needs Assessment (SEN04)



The referral **must** include all of the documents listed below to be considered a full referral. The completed form should be shared and amended with parents/carers at the family conversation. Schools should invite independent parent support to the family conversation with parents' consent.

	Included
SEN02 Individual Provision Matrix	
Professional reports/assessments	
Attendance data	
Attainment and progress data	
SEN05 Family Conversation	
SEN06 My (CYP's) Views	

Part 1**Child/Young Person's Details:**

Surname													
Forename													
Middle Names													
Date of Birth						Gender							
Home Language						Religion							
UPN													
NHS No.													
Care First No.													

Ethnicity	Please tick		Please tick
Asian – Bangladeshi		Mixed – White & Black Caribbean	
Asian – Indian		Other Asian Background	
Asian – Pakistani		Other Black Background	
Black – African		Other Mixed Background	
Black – Caribbean		Other White Background	
Chinese		Traveller of Irish Heritage	
Gypsy/Roma		White British	
Mixed – White & Asian		White Irish	
Mixed – White & Black African		Other	
		Refused	

Contact Details:**Child/Young Person's main home address ***

(If parents live separately and the child/young person spends time living with both parents, the address must be the address where the child/young person lives for more than 50% of the year.)

Flat/Apartment Name or Number	
House Name of Number	
Street Name	
Locality	
Town	
County	
Post Code	
Telephone	

Is the above address a foster carer(s) address? YES / NO

If YES, name of Foster Carer(s): _____

Is the child/young person in the care of Social Services? YES / NO

If YES:

Local Authority with Parental Responsibility	
Name of Social Worker	
Address	
Telephone Number	
E-mail Address	

Parent / Guardian Details (1) *

Title		Surname		Forename	
Relationship to Child/Young Person					
Mobile Telephone No					
Work Telephone No					
Private E-mail Address					

Parent / Guardian's Address, if different from child/young person *

Flat/Apartment Name or Number	
House Name of Number	
Street Name	
Locality	
Town	
County	
Post Code	
Telephone	

Parent / Guardian Details (2) *

Title		Surname		Forename	
Relationship to Child/Young Person					
Mobile Telephone No					
Work Telephone No					
Private E-mail Address					

Parent / Guardian's Address, if different from child/young person and/or different from Parent (1) *

Flat/Apartment Name or Number	
House Name of Number	
Street Name	
Locality	
Town	
County	
Post Code	
Telephone	

Are there any other adults with parental responsibility for this child/young person?

YES / NO

If YES, please give details below.

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Do parents have any access issues eg: disability, a literacy barrier	Yes	No
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If yes please provide details of any reasonable adjustments that the LA will need to take into account to support the family through this process.		
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Part 2**Reasons for request**

Placement History

Current School/Setting	State Date	
Previous School/Setting(s)	Start Date	Date off roll

Is this child/young person registered or taught predominantly outside of his/her chronological year group? YES / NO

If YES, please give details:

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Please indicate the primary area(s) of need identified. Please prioritise (1,2-primary/secondary need)							
Cognition and Learning		Communication and Interaction		Social, Emotional and Mental Health		Physical/Sensory/Medical	
Moderate learning difficulties		Speech and language difficulties		Social difficulties		Physical difficulties	
Specific learning difficulties		Autistic Spectrum Disorder		Emotional difficulties		Visual impairment	
Severe learning difficulties		Social communication difficulties		Mental health difficulties		Hearing impairment	
Profound and multiple learning difficulties				ADD/ADHD		Medical difficulties	

Explain the reason(s) for requesting this EHC assessment

You should consider the following areas

Education and learning – for life and work
Communication and interaction
Friendships and relationships
Behaviour and emotional needs
Independence
Physical sensory and health needs
Support for the family eg: CAF, Social Care

(This section may increase to several pages)

Previous and current support in school from outside agencies

Service	Name of professional and contact details	Date of visit, assessment or intervention	Outcome (e.g. advice, assessment, discharge)
Educational Psychology			
EIS			
IDS			
Speech and Language			
OT			
Physiotherapy			
Round Oak Support			
Others			

Please cross-reference this with the information from the Provision Matrix (which should be included with this referral)

Attainment and achievement

Early Years Foundation Stage Curriculum Levels: Date of Assessment: _____

Personal Social and Emotional Development	Communication and Language	Physical Development

Last Reported National Curriculum Attainments/P Levels: Date _____ NC Year _____

English Reading	English Writing	Maths	Science

Current Attainment Date _____ NC Year _____

English Reading	English Writing	Maths	Science

Level of Progress

Please provide details of last 3 years' progress, and information with regards to the school's method of tracking progress if National curriculum Levels are not used

Date	English Reading	English Writing	Maths	Science

Additional progress information must be attached from school data tracking systems

Qualifications achieved to date:

(GCSEs, Asdan, A levels, BTec etc.)

Qualification	Grade Achieved	Date Achieved

(A printout may be attached if appropriate)

History of Test Data:

This section **must** be completed for all referrals
 All test data must be included in chronological order.
 Standardised scores and percentiles must be given.

Name of Test	Date	Standardised score	Percentile	Date	Standardised score	Percentile	Date	Standardised score	Percentile

Please attach additional school data / information regarding progress, objectives, attainment and outcomes

- The contents of this referral have been shared with parents/carers.
- All sections of this referral form have been completed in full.

SENCO Signature _____ Date _____

Headteacher Signature _____ Date _____

School/Setting _____

Privacy Statement - How your information may be used

We work with partners to provide you and your child with public services. To do this we may need to share the information provided to us by yourself and partner agencies. We will do this in a way that protects you and your child’s privacy.

We are under a duty to protect public funds. We may use any of the information provided on this form for the prevention and detection of fraud. We may also share this information with other bodies that are responsible for auditing or administering public funds.

Please let us know when any of your contact details change. You have the right to know what information we hold about you and your child and we try to make sure it is correct.

If you would like further information;
 visit our website: www.warwickshire.gov.uk/privacy
 or contact our Customer Service Centre at:
 Warwickshire County Council, Shire Hall, Warwick, CV34 4RR
 Telephone: 01926 410410

Declaration and consent to share information	
<p>The information provided in this application will be used to ensure that the council’s records are correct. It may also be shared with other agencies and service providers to ensure that your child’s needs are met</p> <p><input type="checkbox"/> I confirm that I have read and understood all of the information included in this request. I certify that the information that I have provided is correct. I also give permission for the local authority to contact any of the professionals listed in this referral</p>	
Signature of parent/carer.....	Date