



STATUTORY EDUCATION, HEALTH AND CARE ASSESSMENT

(all boxes on this form will expand as needed)

Name of the person making the request	SENCo Name
Relationship to the child/young adult	Nursery SENCo
If a parent/carer is making the request has this been discussed with your child's education setting?	N/A
If you are a young person making this request for yourself, has this been discussed with your school or college ?	N/A
If a professional is making the request has this been discussed with the child's parent/carer?	Yes

Education Health & Care (EHC) Needs Assessments/Annual Reviews of Education Health & Care Plans are part of a statutory process under the Children & Families Act 2014, Special Educational Needs & Disability Regulations 2014 and the SEND Code of Practice 2015.

Statutory means that the local authority is required by law to provide a service. This is our legal basis for requesting, obtaining, and sharing information about you or your child. Without the information, we would not be able to provide that service to you. We will always listen to you about any concerns you have about information being shared and will look at how we can respect your wishes but we will need to share information in order to undertake our statutory duties.

Information has to be requested and shared with Education, Health & Social Care colleagues plus other relevant involved professionals for the purposes of an EHC Needs Assessment, and if a Plan is issued, for the duration of the Plan. These will depend on the needs identified but it will always only be for these purposes.

In the event of formal consultation for nursery/school/college being required, SMBC will share the EHC Plan and associated appendices with relevant educational settings. If the parental/young adult preference is not the catchment area setting, SMBC will share these documents with the catchment school, and parental preference, as part of the formal consultation process or with any other educational setting that SMBC may consider to be appropriate to meet the special educational needs in the EHC Plan.

If you would like more information about how we handle your data please read the privacy statement in this link <https://www.solihull.gov.uk/About-the-Council/Solihull-Council-Statement/Childrens-services-and-skills/Special-educational-needs-and-disabilities>

Please sign the declaration below:
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I give consent for information to be shared as above for the purposes of the assessment and, should an EHC Plan be issued, for the duration of the Plan in order for the local authority to undertake their statutory obligations.

Where a young adult is aged over 16, the local authority requires their signature.

Parent/carer's consent/Social Worker with PR if CLA (required for all under 16)	
Signature	
Name	
Relationship to the child	
Date	*insert date*
Young Adult's consent (required if 16 or above)	
Signature	N/A
Name	N/A
Date	N/A
The local authority are changing the way in which correspondence is shared with parent/carers. Most letters and documents are now shared via email. This means you get correspondence faster than you would via post.	
Do you give consent for the local authority to share documents and letters with you via secure email?	Yes

The decision to conduct an EHCP assessment is taken in Solihull Metropolitan Borough Council by a multi-agency panel. From September 2022 there will be an observer from Solihull Parent Carer Voice on this panel – if you DO NOT wish for this parent to be present when your case is discussed please tick this box

Part 1: PERSONAL DETAILS

Details of the child or young adult			
*Surname		*First name	
Middle name(s)	N/A	*Preferred name if different	N/A
*Date of birth (dd/mm/yy)		Gender Identifying Gender if different from above	
Ethnicity		Religion	N/A
Home language		*NHS number (on clinic letters or in Red Book)	
*Email address	N/A	*Telephone number	N/A
*GP details:		*Preferred method of contact	N/A
*Home address			

*Main contacts (those with Parental Responsibility) or the nominated contact for a YP 16 or over if want information sent to someone else..			
*Name(s)		*Relationship to child/young adult	
*Home language		*Preferred method of contact	
*Email address		*Telephone number	
*Home address			

*mandatory boxes

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Other key information		
Is this child/young adult subject to any of the following?		
	Yes/No	Dates/Authority
Looked after/care leaver	No	N/A
Adopted/Special Guardianship Order (SGO)	No	N/A
Section 47 – Child Protection	No	N/A
Section 17 – Child in Need	No	N/A
Early Help	No	N/A
Child of Armed Service personnel	No	N/A
Youth or Adult Custody	No	N/A
Continuing Care Package	No	N/A
Name of current nursery/school/college		

Description of main presenting need

Please indicate the **main** category of need (as set out in the SEND Code of Practice)

Communication & Interaction e.g ASD, SLCD	X
Cognition & Learning e.g. learning disability, dyslexia	
Social Emotional & Mental Health e.g behaviour, anxiety	X
Sensory and/or Physical e.g hearing or visual impairment	

Details:

- *X is a wonderful little boy with significant individual needs.
- . *X is significantly delayed in all areas of learning and development. He is currently working within the age range of 6 – 12 months in all areas except for physical development, although he is also delayed in this area.
- *X does not react to his name being called or certain words such finished or stop.
- *X does show a response to the word “No” and becomes very upset and can lash out, head butt the stomachs of adults, bite, scratch or kick.
- *Strategies have been implemented over the past two terms, X continues to have sustained difficulty within communication and language.
- *Staff use basic Makaton signs; X will quickly become frustrated at activities to indicate “more or again.”
- *X exhibits extreme difficulty in actively listening to and giving any attention to adults and his peers.
- *X is not responding to visual prompts to follow simple instructions. His ability to communicate is limited to his behaviors, he is unable to lead an adult or indicate through gestures what he wants.
- *X can find transitions difficult such as when mum brings the use of the tablet to an end.
- *X can find it difficult to share and interact with his peers. X has a very limited awareness of his peers and can often walk over them rather than round them.
- *X is engrossed in his own interests.
- *X is nonverbal and has been heard to use very few / if any words at nursery. He will make sounds which are often high pitched when excited.
- *X struggles in making choices and will become very frustrated if he is unable to express his needs / wants.
- *X will often prefer to play alone in isolation than with his peers and can become very frustrated in sharing activities at nursery.
- *X does not access play or the activities within the environment.
 - He is self-led and will pace, swipe clean surfaces, tip out boxes and seek oral feedback through mouthing, licking and eating non-food items.
 - He is not currently accessing the EYFS curriculum with his peers.
 - X shows sustained delay in learning across all areas of EYFS. The gap is widening between X and what is expected of him at this age and stage, despite interventions and support suggested by the professionals involved.
 - X requires high levels of support and a bespoke and adapted curriculum
 - He needs sustained support and a highly adapted approach to enable him to work towards playing, accessing activities and communicating a need.
 - X has sustained difficulty in managing and regulating emotions.
 - He will have frequent emotional meltdowns, often if he is prevented from having something or doing something. During these meltdowns X can cry, throw himself to the floor, lash out, scratch and head butt adults in their stomachs.
 - X persistently lacks the ability to risk assess his own safety. He frequently places small objects, and

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non-food items, in his mouth.

*X will remove his nappy and eat the crystals and faeces from the nappy if unsupervised.

- X cannot follow the routine of nursery. He is self-led. He has recently started to sit down before putting his snack in his mouth and moving away.

- X has high levels of adult support (currently 1:1) always, including social times, in nursery to keep him, and others, safe and to provide an adapted curriculum.

*Nursery receive Level 2 inclusion funding for X and he is in receipt of DLA.

- He is working significantly below age-appropriate levels of development for PSED within the EYFS despite ongoing interventions.

- X is showing sustained difficulty in using and reading non-verbal cues.

- X continuously seeks oral input from non-food objects; he puts small objects in his mouth, tears things from displays to mouth, tears pieces of Lino flooring to eat, eats his nappy including the contents.

- X frequently seeks to lick shoes and will pull children over so that he can lick the soles of their shoes.

*The graduated approach has been followed for X in our setting and can be evidenced by support plans, area SENCo involvement and SALT reports. A referral has been completed for a community paediatrician.

Part 2: PROFESSIONAL INVOLVEMENT

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Please list any relevant professionals that have assessed or been involved with this child/young adult and their contact details where possible. Include copies of any reports to help us with our decision making.				
Service	Named professional and email address	Tick if seen in the last year	Tick if a report is attached	Tick if a referral has recently been made/the child/YP is on a waiting list
Early Years Team	Area SENCo details if relevant	Yes	Yes	N/A
	ISP details if relevant	Yes	No	N?A
	Birmingham Cross Border Support details if relevant	No	No	N/A
SISS Service	SAS Referral for ASD assessment requested July 2023	No	N/A	Yes
Child & Adolescent Mental Health Service (CAMHS/SOLAR)	N/A	N/A	N/A	N/A
Adult Mental Health Service	N/A	N/A	N/A	N/A
Educational Psychologist	N/A	N/A	N/A	N/A
Medical professionals/ health professionals (e.g. Paediatrician, Health Visitor, School nurses, Community LD Nurse)	Community Paediatrician (awaiting appointment)	No	N/A	Yes
Occupational therapist	N/A	N/A	N/A	N/A
Physiotherapist	N/A	N/A	N/A	N/A
Speech & language therapist	Speech and Language Therapist details if relevant	Yes	Yes	
Social Worker	N/A	N/A	N/A	N/A
Other	N/A	N/A	N/A	N/A

Part 3: CHILD/YOUNG PERSON & PARENT/CARER VIEWS

To be completed by, or with, parent/carers/young person

Child's/Young Person's History (please provide a brief history. You may wish to think about health, eating/sleeping, developmental milestones, social skills and relationships, attitude to school, taking part in activities in and out of school)

My Story: what has been happening recently and where I am at now.

This has been written by my nursery, using information from my parents and information and guidance from my nursery's Area Senco.

At both home and at nursery I require extremely high levels of additional support. I live with my Mum & Dad. I have no formal diagnosis. My parents are incredibly supportive and have tried many times to get me a referral to a community paediatrician. Due to covid and various other delays with my GP Surgery this has been very tricky, and I have had to change surgeries for me to be able to get appointments and for my parents to discuss their concerns. I am now waiting on an appointment for this.

I am nonverbal and have had a couple of appointments with Speech and Language, they have identified that I have severe delays in communication and put various strategies in place for both at home and in nursery. Currently I am making little progress towards the targets that they set for me.

Both my parents and nursery feel that I really need additional support, although I do not currently have a diagnosis or much medical and professional evidence to support this through no fault of my own.

My nursery supports me by using My Support Plan as I am nonverbal, unable to communicate my needs and have an extremely limited understanding of nursery routines. I do not respond to my name and am unable to follow simple instructions.

I have no sense of danger or awareness of others and am looked after at nursery by one adult. All my friends that are my age are in the ratio of one adult to eight children, but I always need someone with me for my own safety and well-being.

I struggle to feed myself and I drink from a lidded cup. I have extremely high sensory needs and continually seek adult attention. I like to be held standing up and will regularly flap my hands. I frequently bite adults and children at nursery and sometimes my parents. This can sometimes be through frustration but often for no apparent reason and I do not understand that it is not kind to do this so will continue to do so. I am not keen on lots of foods and like things to be plain, I like to wander round whilst eating and I am not keen on sitting down on chairs or the carpet at nursery. I do not really like to play with many toys and do not want to join in activities at nursery, I would rather keep away from the other children. I wear nappies and have no awareness of when I need changing. I am very much self-led and show little awareness of others. Sometimes I will laugh at things for no apparent reason.

My Mum and Dad would really like me to have the support that I need. They feel I will really find it difficult in a mainstream school and are worried how I will manage in that environment. They get frustrated at how hard it has been to try and get professional / medical support for me and whilst they know a lot of delays are due to covid back logs still, they are concerned as I am getting bigger and getting closer to school age.

My family really support me and want what is best for me. They want me to be happy and safe and to have the opportunities that I deserve. They will do whatever they can for me at home and communicate very well with my nursery.

I receive DLA and I have a blue badge which helps my parents when we go out and about as my behaviour can be very unpredictable and I have no sense of danger or awareness of my surroundings.

I attend my nursery 2 days a week and have good attendance. I receive lots of 121 supports at nursery and have been working hard on my targets on my support plan but I do not seem to really be progressing with them. My nursery, parents, health visitor and Area Senco all said that they felt I would really benefit from an EHC assessment especially as I am due to start school next September.

The views, interests and aspirations of the child/young person

- How do they give their views and communicate?

It has not been possible to gain X's views and aspirations directly due to him having limited communication, however X's parents believe that X is very frustrated that he is not able to communicate his needs and wants. This is shown in his behaviours such as pushing, hitting and biting peers and adults. X struggles to follow visual prompts and he is unable to lead an adult, or indicate through gesture, what he wants, staff must anticipate his needs. X is non-verbal. • Despite implementing strategies over the past two terms, X continues to have sustained difficulties within Communication and Language Staff have introduced Makaton signs; X quickly becomes frustrated at activities to indicate 'More' or 'Again'. X exhibits extreme difficulty in actively listening to and giving any attention to adults and peers. X is engrossed in his own interests. • X does not initiate any interactions with his peers; he will walk through or over them.

- What are their interests and what do they like doing?

X enjoys being outside and exploring. X loves to empty the toy boxes at nursery and throw toys around the room. X enjoys throwing objects outside in the garden such as the bark. X enjoys climbing on tables and chairs. X will often enjoy holding on to an item at nursery and will carry that around with and use it to bang off other surfaces. X loves to explore items by putting them in his mouth. X enjoys making loud noises by clashing objects or throwing them to the floor to make a big bang! X really enjoys time on his tablet or screen time with the tv.

- What is important to them?

X's family are important to him, he has a very close bond with his parents. It is important for X to be kept safe and have constant supervision due to his sensory needs.

- What do they dislike?

X is not keen on playing alongside others and would much rather play alone in isolation. X finds nursery routine tricky to follow. He does not like sitting down and would much rather eat his dinner off the floor than on a plate. X does not like people being in his personal space and does not like the word no, this can make him very frustrated and kick, bite or head butt. X can get very upset and frustrated that he is not able to communicate his wants.

- What do they want to achieve/learn to do/be better at?

X would love to be able to communicate and become verbal. X would love to be able to join in nursery routines and understand them and he would love to learn to be tolerant of his peers and be able to join in some activities at nursery.

- What are their aspirations for the future?

To make friends and join in activities at nursery. To be able to make choices. To be able to play and enjoy toys. To be able to follow instruction and understand routine. To become verbal and be able to communicate needs. To join in with friends sitting down at nursery. To become toilet trained. To get the support needed to help X.

- What are they good at?

X is good at climbing and throwing items. He is great at using a tablet and navigating what he wants to do on there. X is good at jumping and enjoys bouncing. X is quite strong physically.

Parents/carers views and aspirations for their child's future

- What are your future aspirations for your child? *e.g. to be as independent as possible, to have a job, to make friends, to live a full and happy life.*

Mum and dad would really like X to have a formal diagnosis and access the support that he needs. They feel that he would struggle in a mainstream school and are worried as to how he will manage in that environment. They get frustrated at how hard it has been to try and get medical / professional support previously, from their previous GP and are concerned that as X is getting bigger and closer to school age that the support is even more necessary. X's family really support him and want what is best for him. They want him to be happy and safe and to have the opportunities that he deserves in life. They will do whatever they can to support X at home and they communicate very well with nursery.

- What support do they currently get and what is the impact of this?

Mum and dad have help from my grandparents and the support of each other. They receive DLA which helps cover costs for any items X needs or that need replacing if he breaks them and they have a blue badge which help keep X safe as he can be unpredictable outside of home and has no sense of danger. X's mum has joined various support groups such as SEND socials for support and to try and help X access various activities within the community.

- What are your reasons for making the request for a Needs Assessment and what support do you think your child needs that they are not currently getting?

X's parents have worked closely with nursery and followed the advice of professionals such as the Area SENCo, Speech, and language and are fully onboard for an assessment. Whilst they feel that X is supported well at nursery at present they are hugely concerned for when he reaches school age as to whether specialist provision would be more suitable for his needs and to what level of support mainstream would be able to offer. Without an EHCP X would really struggle in a school setting

- What difference do you think having an EHCP will make to your child?

It would clearly set out X's needs and ensure that the necessary support is provided for X in school. It would enable his parents to apply for a specialist provision if that is what is felt best for X and ensure that

his support is adapted as his needs change over time and help to keep him safe whilst being in education and to be able to access the right provision.

Part 4: EDUCATION INFORMATION – to be completed by school, college or other learning provider

parent/young adults should not complete the education section if they are submitting this request independent of the education provider.

Details of the educational establishment			
Name of requesting professional	SENCo's name	Setting name	
Role	SENCo	Setting address	
Telephone number		Email address	
UPN	x	School/college/learning provider number	N/A

Please complete the section relevant to the child/young person. It is vital that attainment and progress data is included with this request.

For Early Years: (please refer to the Early Years info on the Local Offer for further guidance)

We have listed a set of common developmental 'bandings' to summarise a child's skill level in age bands (0-6 months, 6 -12 months etc) which use the settings observation assessment but convert this into a common language for the purpose of EHCP requests. Please indicate the best fit band which the child demonstrates. You may also have other standardized assessments you can use to complement this summary which can be added to the further information box..

Attainment					
Complete this section for EYFS children Please give results from any developmental or standardised assessments					
Date of assessment	June 2023	Assessment completed by	SENCO's name/staff member's name		
Chronological age at time of assessing	3 years 8 months	Assessment information (further information)	Observations completed – checklist, ASC EY observations covering social communication, social interaction, social imagination and flexibility, sensory processing, emotional understanding, learning, independence, Physical 2 ½ years Communication & Language 6 – 12 months PSED – 6 -12 months.		
To evidence progress please add a previous summative assessment	Age: 3 years Date: October 2022	Assessment information (further information)	End of term assessment / report completed by key worker / room leads. Requires high levels of additional support in all areas of EYFS.)		
Current area of development – mark the development range which best fits the child for each area of their most recent assessment summary					
Solihull summative development bands	Communication and Language Development	Personal, social and emotional development	Physical development	Literacy Development	Mathematics development
Early Learning Goal					
48-60m					
24-36m			X		
18-24m					
12-18m					

6-12m	X	X		X	X
0-6m					
Previous Assessment	Communication and Language Development	Personal, social and emotional development	Physical development	Literacy Development	Mathematics development
Early Learning Goal					
48-60m					
24-36m			X		
18-24m					
12-18m					
6-12m	X	X		X	X
0-6m					

Attainment						
Complete this section for <u>Key Stage 1, 2 and 3 pupils</u>						
Please give results from any developmental or standardised assessments						
Year group			Assessments completed by			
Subject	Date of assessment	Chronological age at time of assessing	Assessment used	Level	Age equivalent	Progress over last 2 yrs
Reading						
Writing						
Spelling						
Maths						
Science						
<p>Please add any additional standardised testing undertaken Where there is a specific area of need, e.g communication & language/SEMH/Visual or Hearing impairment – please list any specific tests and results.</p> <p>N/A</p>						

Attainment					
Complete this section for Key Stage 4 and Post 16 students					
Please give results from any developmental or standardised assessments					
Year group		Assessment completed by			
Subject	Date of assessment	Chronological age at time of assessing	Assessment used	Level	Age equivalent
Literacy (reading and comprehension)					
Numeracy					
Details of qualification working towards or gained	Subject		Qualification, e.g. Entry level/GCSE/Functional skills/ASDAN		Predicted or achieved grade
<p>Please add any additional standardised testing undertaken Where there is a specific area of need, e.g communication & language/SEMH/Visual or Hearing impairment – please list any specific tests and results.</p>					
<p>Details of work related experience/learning, e.g. vocational courses/work experience placements</p>					
<p>Please record here the progress and development over the last 2 academic years including towards the PfA outcomes.</p>					

Current support

SEND CoP 6.63 says: Where, despite the school having taken relevant and purposeful action to identify, assess and meet the SEN of the child or young person, the child or young person has not made expected progress, the school or parents should consider requesting an Education, Health and Care needs assessment. **To inform its decision the local authority will expect to see evidence of the action taken by the school as part of SEN support.**

The SEND CoP also says the LA can ask for APDR evidence of this support.

Please attach involved professionals' reports and Assess Plan Do Review (APDR) documents
These can be on a school template, or the LA template, but should clearly evidence that the graduated response has been exhausted and the impact of interventions and support

Date identified as SEN Support level	October 2022
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Attendance figure for the current academic year	11 sick days
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Provision Map – including frequency, hours, duration, size of group, etc. (add rows as needed)	Impact	Date started	Date ended
121 supports from adult in setting – to be in arms always reach.	Ensures X is kept safe from putting items / objects in mouth and choking. X will persistently put any items in his mouth such as plaster off the walls, fluff of the carpet, stones, play-doh, toys, blue tac off walls etc.	October 2022	Continued
Sensory activities (121) minimum 3 times per day	X is encouraged to engage in multiple sensory activities daily such as bouncing on a peanut ball, using various sensory items to help give him the sensory input he is seeking. X will put any items in his mouth and must be constantly supervised. X finds it very difficult to regulate his emotions and can often become very upset and frustrated throughout the day.	October 2022	Continued

121 Activity with adult daily 5 minutes - minimum	X is given the opportunity daily in activities such as bubble blowing, anticipation games – ready steady go, to try to help encourage interaction. X will make very little / no eye contact and struggles to give attention for more than a couple of seconds.	Oct 2022	Continued Continued
Supporting trajectory schema minimum 10 minutes per day (minimum)	X is supported by activities such as throwing paper planes, dropping items into boxes, throwing balls / ball runs and tipping containers. He will briefly engage for a very short period and will continue to empty boxes, clear surfaces and throw items in nursery constantly.	Oct 2022	Continued
X	X	X	X
What targeted support is in place for the identified needs – based on expert reports e.g. EP, SISS, SLT etc	*For X to have the opportunity to ask for things daily, and make choices, X is given the opportunity to make choices, usually between food items that motivate him, He can become very frustrated and want both items, he will lash out if not given both the items instantly.	Oct 2022	Continued

	<p>For X to respond to Makaton more sign - staff will use and model the sign for X. He will be given things such as a small number of cheerios in a bowl and encouraged to return to ask for "more" X shows little interest in returning for more and will get frustrated when the item runs out and will wander off rather than returning to the adult.</p>	Oct 2022	
	<p>*Objects of reference used to support X's daily routine – objects such as nappy change, lunch, outside are used to support X – he shows no understanding currently of visuals and will need to be led to any change of activity by an adult.</p>	Oct 2022	Continued

Pen Portrait

Please give a brief description of how the child/YP functions in the educational setting in each of these four areas (box can be expanded as needed)

Communication and Interaction	Cognition and Learning	Social, Emotional and Mental Health	Physical and Sensory
<p>Strengths:</p> <p>*X loves to be tickled and will laugh at the adult doing so *X will sometimes make babbling sounds or a</p>	<p>Strengths:</p> <p>*X likes to empty boxes at nursery *X loves the bright coloured lights and enjoys staring at them *X enjoys jumping on</p>	<p>Strengths:</p> <p>X appears happy at nursery. *X will laugh and giggle when being tickled</p>	<p>Strengths:</p> <p>*X has no known physical impairments, *X co-operates well with nappy changing</p>

high-pitched squeal if he is enjoying something at nursery	his peanut ball at nursery.		
<p>Challenges:</p> <p>*X is not currently interacting with his peers *X does not respond to his name. *X does not respond to simple verbal instruction such as “can you get your shoes” or at home time “mummy’s here”. *X does not use any words or signs such as the Makaton sign for more *X does not respond to noises such as children crying or shouting, *X is unable to communicate his needs both at nursery and at home. *X does not like being around or near to his peers at nursery. *X is nonverbal.</p>	<p>Challenges:</p> <p>X is very self-led in his play and will only play with a very few toys at nursery and home. *X does not like joining in group activities and would rather be in his own space *X has a poor attention span and is unable to focus even for a very short amount of time *X shows very little interest in messy play, mark making, music, stories etc *X has no understanding of the routines at nursery *X finds it hard to explore new toys and will show very little interest in them *X will not engage in play / mirroring 121 with an adult *X likes to throw toys and will continually empty out the baskets at nursery *It is very difficult to gauge X’s understanding of completing puzzles etc as he is very much self-led and generally does not engage in activities.</p>	<p>Challenges:</p> <p>*X has no interest in social interaction and plying / engaging with his peers or adults. *X will become quickly frustrated and lash out by biting adults or children near him *X shows no awareness of other feelings, he does not seem aware if he has hurt someone or if someone is upset or sad. *X will regularly laugh and giggle for no apparent reason. *X is not wary of unfamiliar people. *X does not yet have any understanding of boundaries; he will push his peers and walk over them.</p>	<p>Challenges:</p> <p>X is unaware of nursery routine. *X will show no emotional response when moving to different rooms / going outside. *X is unable to follow simple instruction such as “go and line up please”. *X has no awareness of when his nappy need changing *X does not use cutlery and eats very limited foods *X has high sensory needs *X will often bite adults and peers *X is unable to drink from an open cup *X is unable to dress / undress himself.</p>

Part 5: HEALTH INFORMATION – provided by parent/young adult

Does your child or young person have any existing diagnoses or health needs? Please list them here with the name of the professional who gave the diagnosis.

Speech and language Solihull Speech and Language Team
Referral to SAS – July 2023
Referred to community paediatrician (appointment pending)

X's behaviours are suggestive of autism spectrum disorder, and he is severely delayed in speech and language skills, social communication and social interaction skills.

Please send any medical reports you would like to be taken into account. N.B we are unable to see any reports that might be on the NHS system

	Y/N	Details
Does your child have any health needs that are routinely addressed in school? E.g tracheostomy, epilepsy, PEG feeding etc. (this does not refer to regular medications e.g. ADHD meds, antibiotics etc)	No	N/A
If your child is under 18, would you like your child to be seen by a paediatrician?	Yes	<i>Please note: if you select 'no' to the above we will only seek advice from the health care professionals who you have told us are currently working with your child.</i>

Part 6: SOCIAL CARE INFORMATION – provided by parent/young adult

By completing the following questions social care can look at how we may be able to offer assistance through services such as our local offer, or other support which may be offered if you meet service eligibility criteria.

This information will be used to ascertain whether you require an assessment of need from Social Care as part of an EHC Needs Assessment.

The questions below should be read in context of your (if young adult) / your child's age and for very young children; consider if there is anything you are required to do that is over and above what could be reasonably expected of a parent with a child of the same age.

A description is required for each question but if helpful you can bullet point your answers.

Area	No	Yes	Please provide information where appropriate	Impact on everyday life
Have you had a parent/carer assessment through the Carers' Trust? If no would you like one?	X		n/	n/a
Has your child/YP accessed short break activities through solo/local offer? If no would you like more information about this?	X		n/a	n/a
Does this child/young adult have a disability or other difficulty?		X	In receipt of DLA and has blue badge.	
Does this child/young adult have behaviours that challenge, including any specific emotional or behavioural difficulties?		X		
Does this child/young adult need lots of help with personal care, e.g. bathing, dressing, toileting, which you may need help with?		X		
Does this child/young adult need help accessing activities or joining in friendships in a safe and meaningful way?		X		
Is family time together shared equally with other members of the immediate family?		X		
Is there anything the parent/carer feels they need that would support in managing their child's needs?		X	Support around managing behaviour at home and out and about	
Does this child/young adult & their		X		

family have a support network, e.g. family/friends/other forms of support?				
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Part 7: SUBMISSION CHECKLIST

REMEMBER TO INCLUDE WITH THIS REQUEST:

Completed the attainment and progress information	✓
Complete the information about current provision	✓
Attach a current Provision map	✓
Attach APDR cycles – clearly showing impact of interventions	✓
One or two samples of recent work, dated & annotated accordingly (may not be appropriate for EYFS)	N/A
Relevant reports from involved professionals, e.g. Health/Social Care, SISS, EP etc	✓
Any other relevant information to support the request	✓

Requestor's signature		Requestor's name	
Senior manager's signature		Senior manager's name	
Position	Senco	Date request submitted	

**Please submit this form with the supporting evidence via email
to
edsen@solihull.gov.uk**

If you have any queries relating to the submission of this form, including how to submit it if you do not have access to email, please contact the EHCP Service on 0121 704 6690