## EDUCATIONSTATUTORY ADVICE FOR CONSIDERATION OF AN EDUCATION, HEALTH AND CARE NEEDS

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| **Education, Health and Care Needs** |
| **Child/Young person’s name:** |  |
| **Current educational setting:** |  |
| **Address:** |  |
| **Date of Birth:** |  | **Year Group:** |  |
| **Is the Child/Young Person Looked After:** | **Yes / No (Please circle as appropriate)**  |
| **Is a personal budget in place?****(If so this will also need to be reviewed)** | **Yes / No (Please circle as appropriate)**  |

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| **DESCRIPTION OF THE CHILD/YOUNG PERSON'S FUNCTIONING** |
| **Overview of the Child/Young Person's needs including any diagnosis** |
| **Communication / Interaction** |
| **Strengths:** |
| **Areas of Additional Need:** |
| **Cognition / Learning** |
| **Strengths:** |
| **Areas of Additional Need:** |
| **Social / Emotional Mental Health** |
| **Strengths:** |
| **Areas of Additional Need:** |
| **Sensory and / or Physical Needs** |
| **Strengths:** |
| **Areas of Additional Need:** |
| **Preparing for Adulthood** *(Year 9 onwards only)* |
| **Aspirations:** |
| **Support Needs:** |

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| **2. SUMMARY OF SPECIAL EDUCATION PROVISON MADE FOR THE CHILD/ YOUNG PERSON** |
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| **3. AIMS OF PROVISION** |
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| **4. EDUCATIONAL FACILITIES OR RESOURCES REQUIRED** |
|   |
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| **5. PROPOSED NEW OUTCOMES AND PROVISON** (targeted for the child/young person including adult life) |
| **Outcome** |  | **By when** | **How will we know the outcome is achieved?** |
| **1.** |   |   |            |
| **2.** |   |   |            |
| **3.** |   |   |            |
| **4.** |   |   |            |
| **5.** |   |   |            |
| **6.** |   |   |            |

|  |  |  |  |
| --- | --- | --- | --- |
| **Provision/support** | **By whom** | **Frequency & Quantity** | **Which Outcome does this provison/support relate to?** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |
| **6.** |  |  |  |

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| **ANY OTHER INFORMATION** |
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| --- | --- | --- | --- |
| Signature |  | Position |  |
| Head Teacher |  | Date |  |

**Please return the completed form to:**

**Special Educational Needs team, belmont house, rectory lane, guisborough, ts14 7fd**

**Or via email to:**

**SEN@redcar-cleveland.gov.uk**