

# Education Health Care Needs Assessment EHCNA

WORCESTERSHIRE  
**CHILDREN FIRST**



# Easy guide to completing an Education, Health and Care Needs Assessment (EHCNA) evidence

Area SENCo presentation

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# Housekeeping

- This meeting/training/webinar is a live event – you will be on mute unless you are a designated speaker.
- Please use the chat function to ask questions.
- If you cannot use the chat function or you are watching the recorded event please email questions to [EYInclusion@worcschildrenfirst.org.uk](mailto:EYInclusion@worcschildrenfirst.org.uk)
- Please note we may not be able to cover all issues and questions raised today therefore please contact the team on the email above or call 01905 843099

# Aims of session

- To understand the required process for the Education Health and Care Needs Assessment (EHCNA)
- To be aware of the evidence required to support the application
- To be confident in completing the application

# EHCNA Preparation to be uploaded in Section 8

- 2+ Individual Provision Maps (IPMs) - parents and setting have signed
- 2+ IPM reviews - all signed
- Support Plans - There might possibly be support plans which have been put in as an addition to the IPM to address generic issues such as physical or behavioural needs, or where a therapist has suggested generic strategies additional to the specific targets. As with IPMs these would need to have parental signatures/comments and have accompanying reviews
- A list showing dates when IPM's were started, review dates and new IPM date
- Bullet point of all strategies trialled over time
- A record highlighting intervention/support/staffing
- Evidence of funding received e.g. GR4 challenge/exceptional

# continued....

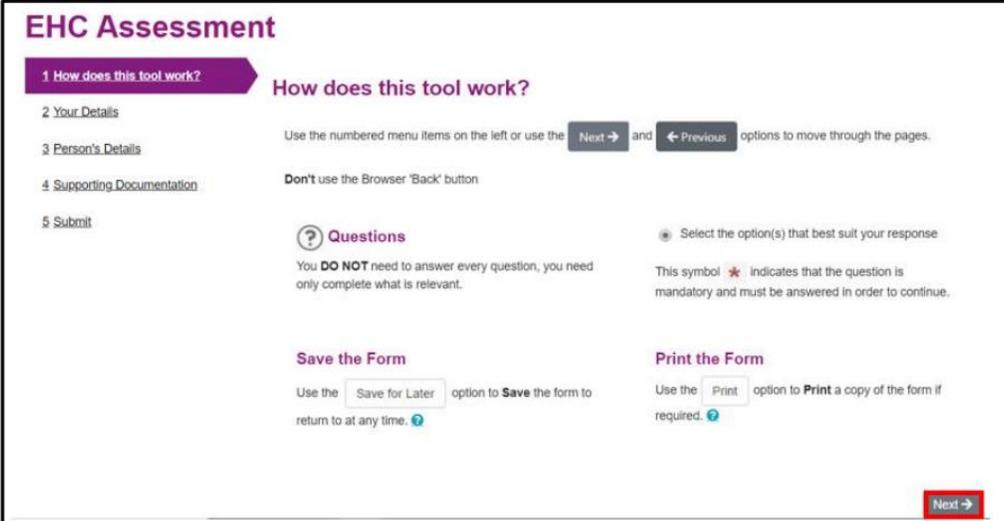
- Selection of record of interventions (2 or 3 sheets per IPM) plus 2 or 3 summative observation sheets
- Early Support/EYFS tracking sheets relevant to secure level
- Early Support Tracking Sheet/Developmental Profile
- Child views sheet – 4 photographs annotated showing where support needed (e.g. I enjoy story time with help from Sarah. I can now turn take with a little help from a sand timer and Sarah, I can now sit for 30 seconds with adult support, I love to climb (but need supervision not to climb on tables!)
- Diarised log / SENCo update sheet of external agency input – phone calls, visits, meetings
- External agency reports e.g. speech and language/PD Outreach/Inclusion visit summary sheets
- Log of attendance from last 3 terms – possible and actual

# Continued...

- We advise that you number these documents to form an appendix.
- You need these before completing the application
- What do you need to complete?

# Follow this link to the Liquid Logic user guide and register/ log in.

<https://www.worcestershire.gov.uk/send-local-offer-0/education-schools-and-colleges/send-school-provision-and-education-health-care>



**EHC Assessment**

- 1 How does this tool work? (Active)
- 2 Your Details
- 3 Person's Details
- 4 Supporting Documentation
- 5 Submit

**How does this tool work?**

Use the numbered menu items on the left or use the **Next →** and **← Previous** options to move through the pages.

**Don't use the Browser 'Back' button**

**Questions**  
You **DO NOT** need to answer every question, you need only complete what is relevant.

Select the option(s) that best suit your response

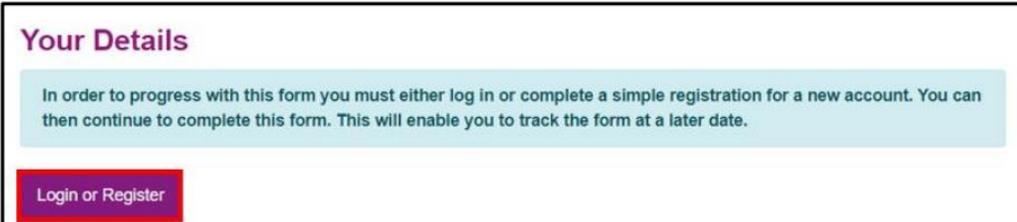
This symbol **\*** indicates that the question is mandatory and must be answered in order to continue.

**Save the Form**  
Use the **Save for Later** option to **Save** the form to return to at any time.

**Print the Form**  
Use the **Print** option to **Print** a copy of the form if required.

**Next →**

Click **Login or Register**



**Your Details**

In order to progress with this form you must either log in or complete a simple registration for a new account. You can then continue to complete this form. This will enable you to track the form at a later date.

**Login or Register**

# Your Details

These are the registered users' details.

## Liquidlogic User Guide



The first section explains how the portal form works. Click **Next**.

The registered users' details are displayed. Click **Next**

A screenshot of a web form titled "Your Details". On the left, there is a vertical navigation menu with four items: "1 How does this tool work?", "2 Your Details", "3 Person's Details", and "4 Submit". The "2 Your Details" item is highlighted with a purple arrow pointing to the right. The main content area is titled "Your Details" and contains four input fields: "First name" with the value "SENCO", "Last Name" with the value "Test", "Role" with the value "SENCO", and "Organisation" with the value "Test School".

**Remember to save the form regularly and the form can be closed and returned to within 15 days. Each time the form is edited, the 15 days count will be reset.**

# Person's Details

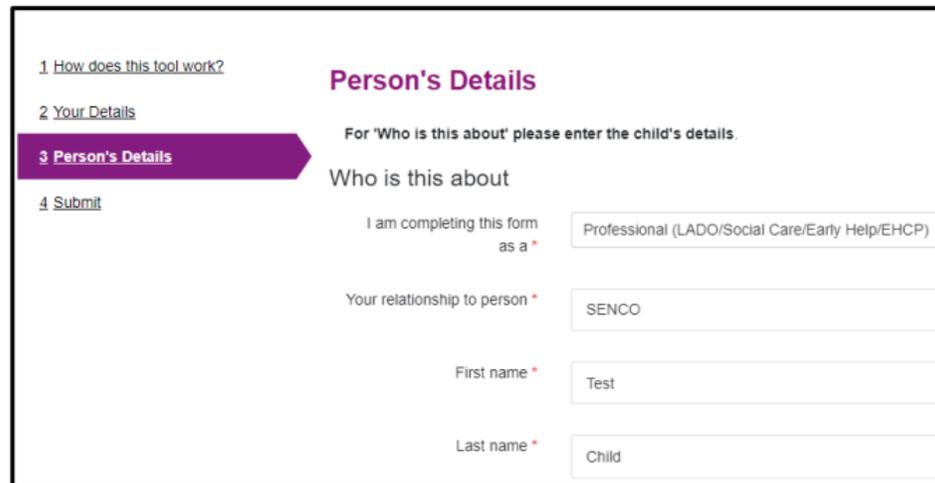
Please complete as a professional and your relationship to the child and then the child's details

## Person's Details

Complete the form. All questions/statements with a red \* next to them are mandatory questions that **MUST** be completed before submitting the form.

Select **Professional** from the menu for I am completing this form as

Add role to relationship to person



1 [How does this tool work?](#)

2 [Your Details](#)

3 **Person's Details**

4 [Submit](#)

### Person's Details

For 'Who is this about' please enter the child's details.

Who is this about

I am completing this form as a \*

Your relationship to person \*

First name \*

Last name \*

# Professional

Complete with your details i.e. as SENCO/Manager/Key person with your work address, phone number and email

## Professional

Complete the Professional section with details of the requestor

### Professional

Please remember to save your form regularly.

Name of person making this request:

*(if not parents/carers)*

Address:

Postcode:

Job title/relationship to child/young person:

Telephone number:

Mobile number:

Email address:

Date request submitted:  

# Family conversation

## Family Conversation

### GP Details/Diagnosis

Add details of the child's GP and details of the diagnosis received. If not relevant, please add N/A. **Please remember to click into each field, do not use the tab function.**

GP's Name *	<input type="text"/>
GP's Address *	<input type="text"/>
Health Authority *	<input type="text"/>
Disability / Diagnosis / Known Condition(s) *	<input type="text"/>
Diagnosed by *	<input type="text"/>

Add details of **Social Care involvement** and **key contact details**. **Please remember to click into each field, do not use the tab function.**

Complete the **Child's Story** and any relevant sections. **Please add N/A if the question is not relevant to the child. All sections with red \* are mandatory and must be completed before submitting the form.**

Child's/Young Person's family story: *	<input type="text"/>
Personality and strengths: *	<input type="text"/>
Interests out of school: Hobbies/Interests/activities/f riends and what support is needed to access these *	<input type="text"/>
What is important to the child/young Person ? (include their hopes and wishes) for the future: *	<input type="text"/>

This Family conversation is information from the parents. This will need to be completed online during a meeting with the family.

# Section 3- does not apply to Early Years

Please leave these  
boxes blank.

## Section 3

**Remember to save your form regularly**

Section 3 covers the child's school results. Complete all relevant sections. Scroll across the screen to view all fields in the table. Alternatively, click Full Screen to view the full table.

**Please remember to click into each field in the table, do not tab across and use the plus icon to add a new row.**

**Section 3**

**Please remember to save your form regularly.**

Result of reading, spelling or other assessments

What year group objectives or Pre-Key Stage Standard is the child working at? PLEASE USE ONLY THESE MEASURES.

If using curriculum year group objectives, progress could be shown over time by using Emerging (E) / Developing (D) / Secure (S) / Greater Depth (GD).

PRIMARY – Key Stage 1

	Chronological Yr Group		Chronological Yr Group	
	2 years ago	2 years	1 years ago	1 year ago
Reading & Comprehension	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Writing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GPS (gram/punc/spell)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maths	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Science	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Section 4

## Section 4

Complete the details regarding the child's strengths/talents and add attendance over 3 terms.

All sections with red \* are mandatory and must be completed before submitting the form.

Section 4

Please remember to save your form regularly.

Describe the child/young person's strengths/talents from first hand experience of the pupil in the teaching situation.

Details of recent attendance record over 3 terms (including present term)

Term *	Possible *	Actual *
Autumn	30	28

Full screen + -

Scroll the screen down to see all sections.

Complete details relating to **EHC Needs assessment criteria**

Communication and interaction \*  Yes  No

Social, Emotional and Mental Health \*  Yes  No

Details

Cognition and learning \*  Yes  No

Sensory and/or physical \*  Yes  No

Add in the child's strengths/talents and attendance over 3 terms.

These are generic strengths, not strengths in their area/s of need. Examples could be:

Beginning to respond to key person

Can enjoy the company of peers

Enjoys nursery

Loves music, eager to participate

Enjoys nursery rhymes

Sociable

Separates well

You might use their interests as their strength. You could use your strengths from the child's IPM.

EHC Needs assessment criteria

Only select the priority need where you have evidence to support this. This must include external agencies reports e.g. specialist play, speech and language, CDC assessment.

If you only have evidence for one area then this is the area that is selected. (Many children only have one area of difficulty, and this is acceptable to only select one).

# EHC Needs assessment criteria for details box

## Communication and Interaction

### Specific Criteria/Evidence

- A significant speech and language disorder/delay compared to other areas of development (usually below the 2<sup>nd</sup> centile). This assessment will have been carried out over a period of time by a suitably qualified professional from a relevant specialist support service.

*e.g. Take wording from most current speech and language report (dated, see appendix ?)*

**“ experiences severe expressive and receptive language delay and is currently functioning at 0-11 months”**

- A significant communication and interaction difficulty, which requires augmentative or alternative methods of communication e.g., a manual signing system, the use of graphic symbols or electronic communication aids.

*e.g. Take wording from most current speech and language report/CCN Team/Hi (dated, see appendix ?)*

**“ understanding of language is inconsistent at the one word level. Adults need to consistently use objects of reference to help with understanding. He needs adult prompting and support due to his self directed nature”**

# Communication and Interaction cont...

- A significant difficulty in using language to communicate and to interact in a social context and/or to access the curriculum.

*e.g. Take wording from most current speech and language report/CCN Team/HL (dated, see appendix ?)*

***“ Can make some vocalisations and produces jargon (unintelligible strings of sound). Will make eye contact to more familiar adults, glancing during play”***

- Evidence that substantial adaptation of curriculum content and delivery is required.

***E.g. Progress has been tracked on the EYFS Early Support***

# Essential evidence examples

## Communication and Interaction – see appendix ... (the appendix is the specific agency reports that you will include for evidence)

- Freya presents with significant delays in the area of Communication and Language as evidenced in Early Support: Step 4 0-11/8-20 months (see appendix....)
- Expressive – Freya can communicate with single words. She can respond to simple questions.
- Understanding – She understands simple instructions and questions with adult support.
- Communicates – Freya mostly communicates by taking the adult's hand to where she wants to go or points to desired items. She labels items during play but does not tend to verbalise in an attempt to communicate.
- Listening and attention – Freya presents with limited listening and attention skills. However she is now engaging in small group sessions when the content interests her but will opt out for other listening sessions where she will choose to play with desired and favoured items. She sometimes tries to join in at song time by rocking and gesturing but is not yet singing songs.
- Interaction – Freya will approach an adult and a few peers and will take their hand and lead them to a chosen activity. She will sometimes take a book to an adult and put herself on a lap.
- Play Skills – Freya tends to play in a repetitive manner regularly choosing small world figures and engaging in set scenarios such as climbing up the steps and falling down the slide repeatedly.

# Cognition and Learning

## Specific Criteria/ Evidence

- Pupils identified with cognition and learning difficulties will generally be accessing the curriculum at levels significantly lower than that of their peers and assessments will demonstrate that they are working well below age related expectations.

# Cognition and learning continued...

- The Child or Young Person should be functioning at or below 8-20 months for the LA to consider that it may need to determine the Special Educational Provision for them.
- This evidence may come from the Community Paediatrician, Child Development Team etc.

# Example statements

- Rio presents with a global developmental delay as diagnosed in the recent report by his Paediatrician (see appendix ?, dated). The development of his cognition and learning skills is currently managed through sensory experiences
- Oliver can attend for brief periods of up to about 30 seconds
- Tia uses five signalong signs and although she sometimes understands a few more than this, her responses are inconsistent
- Zain's play skills are delayed in line with the other areas of his development. He will explore toys and will stay at an activity for a little while (up to two to three minutes) if he is interested. He is starting to show some early imaginative play, but he will often throw toys and mouth items.

# Social, emotional & mental health

## Specific Criteria/ Evidence

- Evidence is required of the nature of the child/young person's difficulties. This should include evidence that one or more features of inappropriate behaviour are present across a variety of contexts, and over an extended period of time with analysis of the antecedents to, and consequences of, the behaviours described. For example, a pattern of withdrawn and/or anxious behaviour, unpredictable, bizarre, obsessive or egocentric behaviours, poor relationships with peers and/or adults, a pattern of severely disruptive behaviour, or a pattern of poor communication.
- Evidence that the child/young person is not engaged in appropriate learning tasks for a significantly greater proportion of time than the majority of their peers.
  - ***E.g. observations, PSED Early Support Tracking***
- Copies of the child/young person's Pastoral Support Programme and reviews.
  - ***E.g. positive behaviour individual support plan***
- Incident record/behaviour diary.
- Holistic evidence of the differences observed in a child/young person's social and interactional skills (behaviour) in different teaching or social environments, e.g. in literacy based and non-literacy based subjects (English and Physical Education), structured and unstructured activities (classroom and playground).
  - ***E.g. reports from CDC, specialist play***
- Medical diagnosis and action taken by Health workers.
  - ***E.g. CAMHS, Paediatrician***

# Example statements

- See appendix for ABC chart, observations, IPMs, support plan and reports by Clinical Psychologist
- Miles is under a child in need plan, primarily due to the family experiencing extreme trauma
- Sammy shows extreme anxieties at being separated from his mother. He usually calms after about an hour lying on a favourite cushion
- George often bites himself, draws on his body and scratches himself with items.
- Nathan often presents with challenging and inappropriate behaviours and will scratch and push peers, snatch toys off them, hit and throws items at them and disrupt group play.
- Lily struggles to engage with other children unless an adult is present – when she will then accept their presence for a few minutes. If the adult leaves the room, she will throw an item, pull the child's hair or clothes
- Milo appears to be anxious at departures and transitions and relies heavily on verbal and visual support to help minimise this anxiety, e.g., tidy up time whereby he requires visual confirmation with a now and next board which is now always completed prior to the change

# Sensory and/or physical

## Specific Criteria/ Evidence

- Evidence that the child/young person is unable fully to participate in particular aspects of the curriculum without significant adult support and/or substantial adaptation of teaching materials or the learning environment. Evidence needs to give a clear picture of:
  - when such supervision is essential and in what curricular or other areas.  
**Examples would include practical curriculum support and self-help areas, and physical support for access in and around the school environment.**
- Evidence would be required from relevant support agencies that certain specialist equipment or furniture is required.
- Evidence of significant self-help and/or mobility difficulties;
- Evidence that advice from school health and therapists, with respect to the implications of any medical or physical difficulty, has been sought via the graduated response and acted upon accordingly;

# Sensory and/or physical cont..

- Evidence that the use of Information and Communication Technology, with relevant training for the pupil and staff, if appropriate, has been implemented and evaluated.
- Evidence that simple adaptations and minor building works have been provided by the school such as the provision of handrails in the toilet facilities.
- Evidence of modification to the school timetable in order to maximise opportunities for access for the pupil, and of changes in the use of the building, have been implemented.
- Evidence that the implications of side effects of any medical treatment (and/or medication) and/or prolonged school absence have been fully considered before identifying the child's special educational needs.
- Evidence of joint planning with teachers involved in home tuition and/or hospital based tuition if appropriate.

# Sensory and/or physical (HI and VI)

## Guidance for Hearing Impaired, Visually Impaired & Multi-Sensory Impairment (MSI)

### Specific Criteria/ Evidence

- Evidence that the child/young person is unable fully to participate in particular aspects of the curriculum without significant adult support and/or substantial adaptation of teaching materials or the learning environment. Evidence needs to give a clear picture of :
  - when such supervision is essential and in what curricular or other areas. Examples would include practical curriculum support and self-help areas and physical support for access in and around the school environment.
  - Evidence would be required from relevant support agencies that certain specialist equipment or furniture is required.

## HI/VI continued...

- Evidence that the child/young person's sensory impairment impedes the development of purposeful relationships with adults and/or peer group;
- Evidence that the child/young person's sensory impairment gives rise to other emotional and behavioural difficulties;
- Evidence of modifications to the school timetable in order to maximise access for the pupil;
- Evidence that the child/young person requires significant, long-term support from an Intervenor, Communicator, or Teaching Assistant;
- Evidence that the child/young person needs access to a deaf or visually impaired peer group;

# HI/VI Example statements – taken from reports from Teacher of the Deaf and other involved professionals

- See appendix for HI/VI reports
- See appendix for Early Support Monitoring Protocol for Deaf Babies and young children or for babies and young children with visual impairment
- Ben wears two Cochlear N7 cochlear implants with CP1000 processors, provided and managed by MHIP (Midlands Hearing Implant Programme). He is beginning to communicate with sign language.
- Mollie was identified with a hearing loss through the Newborn Hearing Screening Programme, following a premature birth at 30 weeks. She was fitted with hearing aids aged four and a half months.
- In January 2020 Teacher of the Deaf carried out an observation with a focus on pre-symbolic communicative intentions. Using gestures and occasional vocalisations, Toby was able to gain attention by using vocalising, smiling, and looking at the adult supporting him. He is capable of very short periods of concentration on a highly structured adult-initiated activity but requires repeated efforts to bring his attention back to the task. He is using a few basic signs, such as 'more', 'bye', 'juice' and 'biscuit'.
- Nyla has bilateral optic atrophy, a presumed cortical visual impairment and modest anisometropia. She responds better to sound than visual stimuli
- Eva has autosomal dominant optic atrophy, which is means degeneration of the optic nerve affecting a range of visual processes including visual acuity, visual fields, contrast sensitivity and colour vision

# Section 5

- This section is for you to evidence what interventions you have in place to support the child and how you have used your Graduated Response inclusion funding budget.

## Section 5

This section covers provision made from the school's delegated budget to address the SEN needs of the child. Complete all relevant sections. **Please remember to click into each field in the table, do not tab across and use the plus icon to add a new row.**

**Section 5**

**Please remember to save your form regularly.**

Provision made from school's delegated budget to address the child/young person's SEN

Current allocated Resources/Provision from **Notional SEN Budget** A critical aspect in our decision making is how you have made provision at school, using your notional SEN Budget/ Element 2 Funding and how you have adapted over time to secure progress using the Worcestershire Graduated Response. We also suggest that you attach a copy of the pupil's timetable showing when support is allocated to them.

\*Please refer to the Worcestershire Graduated Response for details of Notional SEN Budgets

Please note, where small group interventions are provided, the cost is divided by the number of pupils accessing the intervention.

Interventions

What is the provision? e.g. TA support in class/ specific intervention or programme?	What are/were the expected outcomes? e.g. academic/ emotional health and well being/ attendance/ gross and fine motor skill development.	What is the timescale and fr the provision? e.g. TA supp (attach timetable) or specific intervention for 30 mins a d. Literacy
<input type="text"/>	<input type="text"/>	<input type="text"/>

Full screen + -

Scroll down the page and click **Next**

# Example

INTERVENTIONS					
What is the provision? e.g. TA support in class/ specific intervention or programme?	What are/were the expected outcomes? e.g. academic/ emotional health and <u>well being</u> / attendance/ gross and fine motor skill development.	What is the timescale and frequency of the provision? e.g. TA support in class (attach timetable) or specific 6 week intervention for 30 mins a day to support literacy	Was the intervention? Individual or in a group (if in a group, what was the size?)	Who provided the intervention? (Class teacher, SENCO, TA, Specialist Teacher Service?)	What impact has this had on the child's progress levels? Describe what Value has been or will be added.
1:1 input	Holistic development	Full time 15 hours	1:1 support within the group	Level 3 NVQ	Remain safe, access EYFS, small steps of progress
1:1 regulation activities	To support Mason in regulating his behaviour	4 times per session 10 minutes or as required	1:1	Level 3 NVQ	Better regulation with emotions

Intensive interaction	Social emotional and communication development	On-going throughout session	1:1 in all groups	Learning Support Assistant	Secure relationships with all adults
Highly differentiated activities	Cognitive development	On-going throughout session	1:1 support and individualised resources	All Staff	Improved access to the EYFS
Lunchtime support	Independence skills	Lunch-time dining hall and playground afterwards	1:1	Supervisory Assistant	Secure relationship with adult, kept safe and eating appropriately
Wellcom Intervention	Communication and language	Ongoing work throughout the sessions	1:1	All Staff	Improved understanding and use of language
Rhythm Time	Communication and language, physical and social development	2 x 30 mins	1:1 within group	Rhythm time leader and TA	Improved communication, physical and social development
Self-help support	PSED, Health and Self Care	Ongoing throughout session	1:1	All Staff	Improved awareness of own needs
Specialist HI TA Input	Observation, support, modelling of interaction and use of signing for language development	Full-time	1:1 within the group	Specialist HI TA, British Sign Language trained	Improved access to the curriculum and improved language development and communication
1:1 mobility/VI trained support	Independent physical skills	Full-time	1:1	Upskilled TA	To move independently and safely to, and around, all desired destinations

# Section 6 Assess, Plan, Review, Do cycle

- Provide brief chronology of reviews undertaken: PLEASE ENSURE THAT ALL INDIVIDUAL PROVISION MAPS/REVIEWS ARE INCLUDED WITHIN THE SUBMISSION AND CROSS-REFERENCED AND PAGINATED
- Reference the IPM's you are submitting by date and cross reference with an appendix number. You need a minimum of 2 reviewed cycles (6 months of evidence).
- The 2<sup>nd</sup> cycle should be cross referenced with the external agency advice that has been sought and implemented.
- Outcomes are also essential.

## Section 6

This section covers Monitoring of SEN Support

Complete the details of the **Assess, Plan, Review, Do** cycle. All sections with red \* are mandatory and must be completed before submitting the form. Please remember to click into each field in the table, do not tab across.

**Section 6**

Please remember to save your form regularly.

Monitoring of SEN Support

Please give a brief account of strategies used in the "Assess, Plan, Review, Do" Cycle please indicate where these have been as a result of involvement of external agency involvement

Assess, Plan, Do, Review  
Cycle One.

Action taken to address SEN including in-class, small group and individual support *	What was the effect of this intervention e.g. educational outcomes, learning gains *
<input type="text"/>	<input type="text"/>

Full screen + -

To add another line, click on the + or to delete click -

Full screen + -

Scroll down to add additional **Assess, Plan, Review, Do** cycles.

Add a brief chronology of reviews undertaken

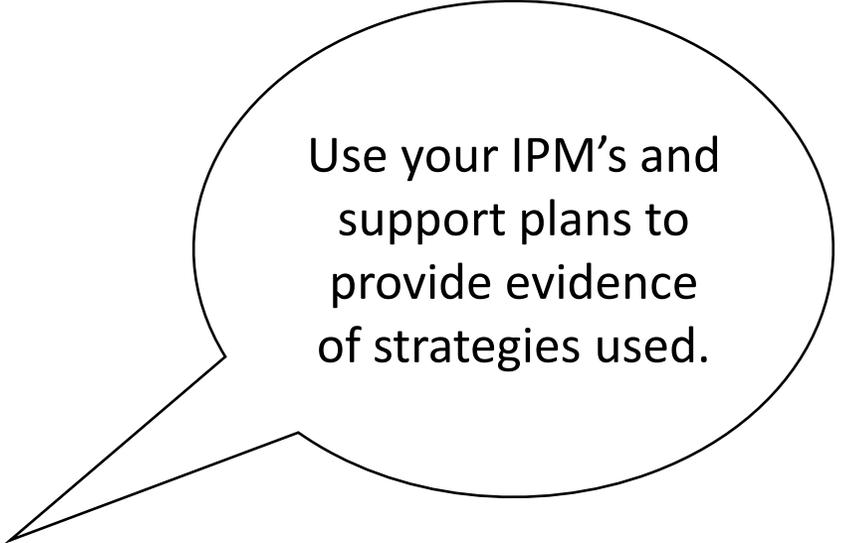
Provide brief chronology of reviews undertaken: Please ensure that all individual provision maps/reviews are included with this submission and cross-reference and paginated. \*

Click Next

# Step 6: Strategies and Approaches continued

Please give a brief account of strategies used in the "Assess, Plan, Do, Review" Cycle please indicate where these have been as a result of involvement of external agency involvement

	Action taken to address SEN including in-class, small group and individual support	What was the effect of this intervention e.g. educational outcomes, learning gains
<p><b>Assess, Plan, Do, review Cycle One</b></p> <p><b>IPM 1</b></p> <p>Speech and Language. Taken from speech and language report, dated.</p>	<ul style="list-style-type: none"> <li>• Key person to gain child's attention by getting down to her level, calling her name.</li> <li>• Key person may add a sign</li> <li>• offer an object of reference eg nappy with a photo</li> <li>• Simplified language</li> <li>• 10 seconds processing time</li> <li>• 1:1 adult support 100% of time</li> <li>• All resources to be visually labelled</li> <li>• <u>Signalong</u></li> </ul>	<ul style="list-style-type: none"> <li>• Child initially became distressed and refused to be steered.</li> <li>• Can now respond to key person and respond to key person 50%</li> <li>• Child still doesn't look to key person for support.</li> <li>• Key person needs to be with or near the child 100% of the time.</li> <li>• Will respond to object of reference 10% of the time.</li> <li>• Requires 100% adult support</li> </ul>
<p><b>Assess, Plan, Do, review Cycle Two</b></p> <p><b>IPM 2</b></p> <p>Speech and Language. Taken from speech and language report, dated</p>	<ul style="list-style-type: none"> <li>• Key person prepares the child for whole group time by using a photo to include child's individual spot.</li> <li>• Use single words for direction together with photos and signing.</li> <li>• Use of <u>one minute</u> timer</li> <li>• Reward box photo</li> <li>• Developmentally appropriate books with puppets</li> <li>• 1:1 adult support 100% of time</li> </ul>	<ul style="list-style-type: none"> <li>• Initially child resisted this approach and ran away regularly and became disruptive.</li> <li>• Can now respond to warnings of change 50% of the time with 1:1 adult support.</li> <li>• Child is happy to sit with remainder of group for 1 minute with 1:1 adult support enjoying praise from key person for achieving target</li> <li>• Can sit for 1 minute 50% of the time with 1:1 adult support with a developmentally appropriate book of choice.</li> </ul>



Use your IPM's and support plans to provide evidence of strategies used.

## Step 6: Strategies and Approaches Continued...

Within the action taken, what else is in place to support the child's needs e.g. an individual support plan (ISP)

E.g. behavioural strategies and general strategies that are supplied by speech and language (not specific targets!)

### Individual support plan (ISP)

Child's name		DOB		Date of plan	
--------------	--	-----	--	--------------	--

Parents / professionals contributing to individual support plan

Names		Role	
-------	--	------	--

Specific need/s	
Strategies	
Parent / carer views	

Parent/carer signature:

Date:

Review date:

# Section 7 External Professionals Involved

- Speech and language therapist
- Educational Psychologist
- Hearing impairment team
- Visual impairment team
- Physical disabilities team
- Complex Communication team
- Learning support team
- Paediatrician
- Child development team
- Child development centre
- Specialist play
- Occupational therapist
- Physio therapist
- Area SENCo

## Section 7

This section is used to record the details of any external professionals involved with the child. **Please remember to click into each field in the table, do not tab across and use the plus icon to add a new row.**

### Section 7

**Please remember to save your form regularly.**

#### External Professionals Involved

Please provide details of external Professionals who have informed your operation of the Graduated Response.

Professionals Involved

*Please detail total period of involvement and attach a copy of their most recent report (usually less than 6 months old)*

Name	Role of Professional	Dates of involvement - Start Date	Dates of involvement
<input type="text"/>	<input type="text"/>	<input type="text" value="dd-mm-yyyy"/>	<input type="text" value="dd-mm-yyyy"/>

Full screen + -

# Section 8- Supporting Evidence

Please attach and tick to indicate that it has been included.

- 2+ Individual Provision Maps (IPMs) - parents and setting have signed
- 2+ IPM reviews - all signed
- Support Plans - There might possibly be support plans which have been put in as an addition to the IPM to address generic issues such as physical or behavioural needs, or where a therapist has suggested generic strategies additional to the specific targets. As with IPMs these would need to have parental signatures/comments and have accompanying reviews
- A list showing dates when IPM's were started, review dates and new IPM date
- Bullet point of all strategies trialled over time
- A record highlighting intervention/support/staffing
- Evidence of funding received e.g. GR4 challenge/exceptional

## Section 8

This section is where supporting evidence is listed and these documents can be uploaded to the form in the Supporting Documents section

### Section 8

Please remember to save your form regularly.

#### Supporting Evidence

Along with previous requested attachments, please provide information that is relevant to the statutory assessment criteria. Much of this evidence should already be available in the child/young person's SEN support plan. Evidence should be based on current need and include information gathered during the most recent 6 – 12 months (reports more than 12 – 18 months old are unlikely to be helpful).

Please attach the following evidence and tick to indicate that it has been included:

- Relevant reports from external specialist(s) which indicate the degree and complexity of difficulties. (A medical report is required for any child whom the request is being made on grounds of a medical diagnosis and its impact on the child's learning and access as well as follow-up therapy reports as appropriate).
- Any other relevant specific and objective up to date information about the child's attainments and social development, including information about the child's attendance and exclusions where relevant.
- For children under the age of 16, please attach the views of the child where this can be ascertained. Please attach in the supporting documentation section.
- Copies of the child's reviewed Individual Education Plan
- Provision map
- Time table of support

All the evidence must combine to demonstrate purposeful and relevant action taken by the school/setting(s) over a sustained period of time.

**Child's Views must be uploaded and submitted as part of this request. If omitted, the request will not be considered complete and will not be accepted.**

# Continued...

Selection of record of interventions (2 or 3 sheets per IPM) plus  
2 or 3 summative observation sheets

Early Support/EYFS tracking sheets relevant to secure level

Early Support Tracking Sheet/Developmental Profile

Child views sheet – 4 photographs annotated showing where  
support needed (e.g. I enjoy story time with help from Sarah. I  
can now turn take with a little help from a sand timer and  
Sarah, I can now sit for 30 seconds with adult support, I love to  
climb (but need supervision not to climb on tables!)

Diarised log / SENCo update sheet of external agency input –  
phone calls, visits, meetings

External agency reports e.g. speech and language/PD

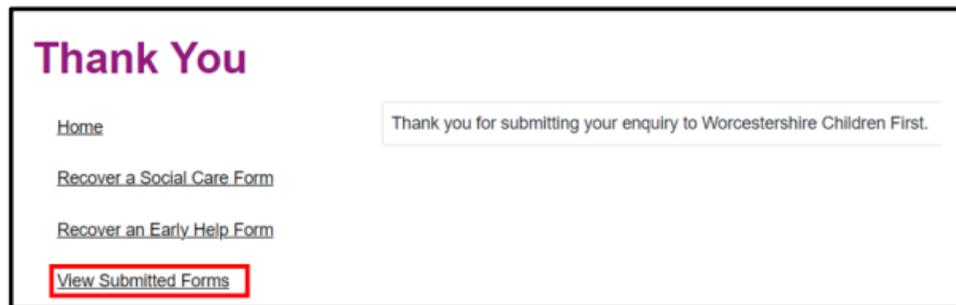
Outreach/Inclusion visit summary sheets

Log of attendance from last 3 terms – possible and actual

# Viewing and Printing Submitted Forms

## Viewing and Printing Submitted Forms

Submitted forms are available on the account for **30 days once submitted**. The form can be viewed either by clicking **View Submitted Forms** on the Thank You screen or by clicking on **Recover A Form** at the top of the screen



Please see user guide for more detailed information.

We advise you to print a copy for your own records.

# Things to remember

- A page listing your appendices
- Ensure that all your documents have an appendix number and cross referenced
- Make sure all of the family conversation section is complete
- Ensure that sufficient time is allowed to scan and upload all the evidence
- Parents may ask to read the finished application or access it
- Ensure that you have revisited your EHCNA preparation list

# Send to the SEND TEAM via Liquid Logic

- All this information – each section, Family Conversation, Child's Views and copies of all the supporting evidence referred to at the start of this presentation ('EHCNA preparation' - such as IPMs, Reviews, Early Support, Outside agency reports etc) needs to be scanned and uploaded.

# Useful Contact details

## Early years inclusion team

01905 843099

Email:

[eyinclusion@worcschildrenfirst.org.uk](mailto:eyinclusion@worcschildrenfirst.org.uk)

Website:

<https://www.worcestershire.gov.uk/WCFEducationServices/info/31/early-years-inclusion>

## SEND Services

01905 845726

Email:

[SENAssessmentPSF@worcschildrenfirst.org.uk](mailto:SENAssessmentPSF@worcschildrenfirst.org.uk)