**Medway Council logo
 EDUCATIONAL SETTING REPORT**

This is a request for statutory advice as a contribution to an Education Health and

Care Needs assessment. If it is agreed that an Education, Health and Care Plan (EHCP)

will be issued it will be included in the plan as an appendix.

**Please complete all sections** andsend the completed educational setting report to [seneducationteam@medway.gov.uk](mailto:seneducationteam@medway.gov.uk) as a **Word** document.

**Please ensure that** **the final page of this report with the signatures is also sent as a PDF document to the same email address.**

|  |  |
| --- | --- |
| List of included documentation *(please attach all relevant reports)* | Tick √ where applicable |
| Completed educational setting report |  |
| Latest medical report to detail diagnosis/CAMHS report |  |
| Latest educational psychology report |  |
| Latest speech and language report |  |
| Latest occupational therapy report |  |
| Latest report from advisory teacher for HI |  |
| Latest report from advisory teacher for VI |  |
| Latest report from outreach team(s) |  |
| Latest costed provision map |  |
| Copy of the reviewed school/college based plan |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of child/young person:** | «Child\_Forename1» «Child\_Surname» | **Date of birth:** | «ChildDOB» |
| **Address:** |  | **Telephone number/s:** |  |
| **Name of parents/carers:** |  | **Name of person with parental responsibility:** |  |
| **Ethnicity:** |  | **Parent/carer email:** |  |
| **Educational setting:** |  | **Year group:** |  |
| **Chronological age:** |  | **Home language:** |  |
| **Primary need:** |  | **Secondary need:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Name** | **Date last seen** | **Report included √** |
| Paediatrician |  |  |  |
| Educational Psychologist |  |  |  |
| Speech and Language |  |  |  |
| Occupational Therapy |  |  |  |
| Physiotherapy |  |  |  |
| Advisory Teacher for Visual Impairment |  |  |  |
| Advisory Teacher for Hearing Impairment |  |  |  |
| Social Services |  |  |  |
| Other |  |  |  |

**AGENCIES INVOLVED:**

|  |
| --- |
| **Why are you making this application for an education, health and care assessment?**  *If this is advice requested following a parental/young person request for education, health and care assessment, please indicate* |
|  |

|  |
| --- |
| **BACKGROUND INFORMATION:** *please provide brief details* |
|  |

**ACADEMIC LEVELS:**

*Please detail below the pupil’s academic levels and the expected academic levels for their age. Please detail the actual level,* ***not*** *“below age expected”.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Subject | Level 12 months ago | Expected peer group level (12 months ago) | Level 6 months ago | Expected peer group level (6 months ago) | Current level | Expected peer group level |
| English reading |  |  |  |  |  |  |
| English writing |  |  |  |  |  |  |
| Maths |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reading age:** |  | **Chronological age at time of test:** |  |
| **Test used:** |  | **FSP score:** *if pupil is in Year 1* |  |

|  |
| --- |
| **SUMMARY OF SPECIAL EDUCATIONAL NEEDS** |
| **1 Communication and interaction** |
|  |
| **2 Cognition and learning** |
|  |
| **3 Social, emotional and/or mental health** |
|  |
| **4 Sensory and/or physical** *if there is reference to a diagnosis, please provide supporting evidence e.g. medical letter* |
|  |
| **5 Self-help and independent skills** |
|  |
| **6 External factors** |
|  |

**SCHOOL/COLLEGE BASED PLAN:** *if a plan has been implemented please attach a copy of it*

|  |  |
| --- | --- |
| Has school/college found it necessary to implement a school/college based plan for the pupil? | Yes / No |
| Date of the school/college based plan |  |
| Has the school/college based plan been in place for at least four terms? | Yes / No |
| Has the school/college based plan been reviewed? | Yes / No |

**SUPPORT FOR PRESENTING NEEDS:**

*Please detail below the date that strategies recommended by agencies detailed on page 1 were implemented and the outcome(s). Please ensure that a costed provision map for this pupil is attached.*

|  |
| --- |
|  |

|  |
| --- |
| **OUTCOMES SOUGHT FOR THE CHILD/YOUNG PERSON:** *outcomes must be SMART* |
|  |

**PARENTAL SUPPORT:**

|  |  |
| --- | --- |
| Where there have been parental concerns about the pupil’s support in school, have you referred parents to the Parent Partnership Service – Family Action, for advice? | Yes / No |

|  |  |
| --- | --- |
| Signature: |  |
| Name: *(Block CAPITALS)* |  |
| Date: |  |
| Position: |  |

**EDUCATIONAL SETTING REQUEST FOR EDUCATION, HEALTH AND CARE ASSESSMENT**

|  |  |
| --- | --- |
| Is the school/college requesting an Education, Health and Care assessment? | Yes / No |

**PARENTAL AGREEMENT**

The school/college/educational placement request for Education, Health and Care assessment has been discussed with me. I agree to my child being discussed at the Medway SEN Panel, which decides whether or not an Education, Health and Care assessment is necessary or appropriate.

|  |  |
| --- | --- |
| Signature: |  |
| Name: *(Block CAPITALS)* |  |
| Date: |  |
| Name of Pupil: |  |

**Please ensure that** **this page of this report with the signatures is also sent as a PDF document to:** [seneducationteam@medway.gov.uk](mailto:seneducationteam@medway.gov.uk)