

Under-twos with special educational needs	2
Education health and care plan process chart	7
EHC assessment request form	8
ECH assessment request form for young people	23
5 KW One Page Profile - March 2020	36
6 All about me	37
7 The best ways to help me	38
8 Planning My Future Life Booklet	39
9 Mind of my own app	50



Timeline for EHC needs assessment to an EHC plan

The Children and Families Act 2014 (**C&FA 2014**) came into effect on 1 September 2014. Once a local authority agrees to carry out a EHC needs assessment, it must run to the deadlines below. For what an EHC needs assessment must comprise, see IPSEA's resource, [What is an EHC needs assessment](#)

If the LA is not obtaining the advice from the professionals it must according to law see IPSEA resource, Complaining when the LA does not seek the advice required by law as part of the EHC needs process:
<https://www.ipsea.org.uk/what-you-need-to-know/model-letters/model-letter-7>

When you receive a draft plan , see IPSEA's advice at [What you need to know about draft EHC plans](#)

In particular, check it against IPSEA's checklist at [IPSEA's EHC Plan checklist](#)

If your child or young person already has a statement then please see our transition timeline resource at: <https://www.ipsea.org.uk/file-manager/SENlaw/transition-time-line-15th-october-2015.pdf>

KEY:

C&FA 2014	The Children and Families Act 2014
SEND Code	Special Educational Needs and Disability Code of Practice: 0 to 25 years: (January 2015)
SEND Regs 2014	The Special Educational Needs and Disability Regulations 2014, as amended ¹
LA	Local authority: the local government body responsible for EHC needs assessments and plans
YP	Young person ²

THE TIMELINE

¹ The SEND Regs 2014 have been amended twice since they were first passed, by The Special Educational Needs (Miscellaneous Amendments) Regulations 2014 and The Special Educational Needs and Disability Regulations 2015 .

² Once a child comes to the ending of compulsory school age they become a young person for the purpose of the C&FA 2014

Time	Legal Duty	Ipsa note	Where in law
Week 0	Request for assessment is made to LA or LA becomes responsible for child/young person		S. 36 C&FA 2014 ³ S. 24 C&FA 2014 ⁴
Week 6	<p>EHC needs assessment starts. The LA must gather advice and information as to (1) the child or young person's needs; (2) the provision needed to support those needs; and (3) the outcomes that would be expected to result from the provision being put in place.</p> <p>The LA must seek:</p> <ul style="list-style-type: none"> (a) advice and information from the child's parent or the young person; (b) educational advice and information from the head teacher or principal of the school or post-16 or other institution that the child or young person is attending (or other appropriate person where this is not available); (c) medical advice and information from a health care professional identified by the responsible commissioning body; (d) psychological advice and information – from an educational psychologist; (e) advice and information in relation to social care; (f) advice and information from any other person the local authority thinks is appropriate; (g) where the child or young person is in or beyond year 9, advice and information in relation to provision to assist the child or young person in preparation for adulthood and independent living; and 	Note that you have a specific right to make a 'reasonable' request that the LA seeks advice from any person. This could include, for example, advice from a speech and language therapist or someone from Child and Adolescent Mental Health Services (CAMHS). It does not matter if your child is on a waiting list to see the professional you want or is not known to their service - if the LA agree to your request the professional must provide the advice within 6 weeks	<p>Advice required and from whom: SEND Regs 2014:Reg. 6(1)</p> <p>6 week time limit for advice to be sent to LA after request SEND Regs 2014 Reg.8(1)</p>

³ Parent, YP or school/post 16 institute has made the request for assessment

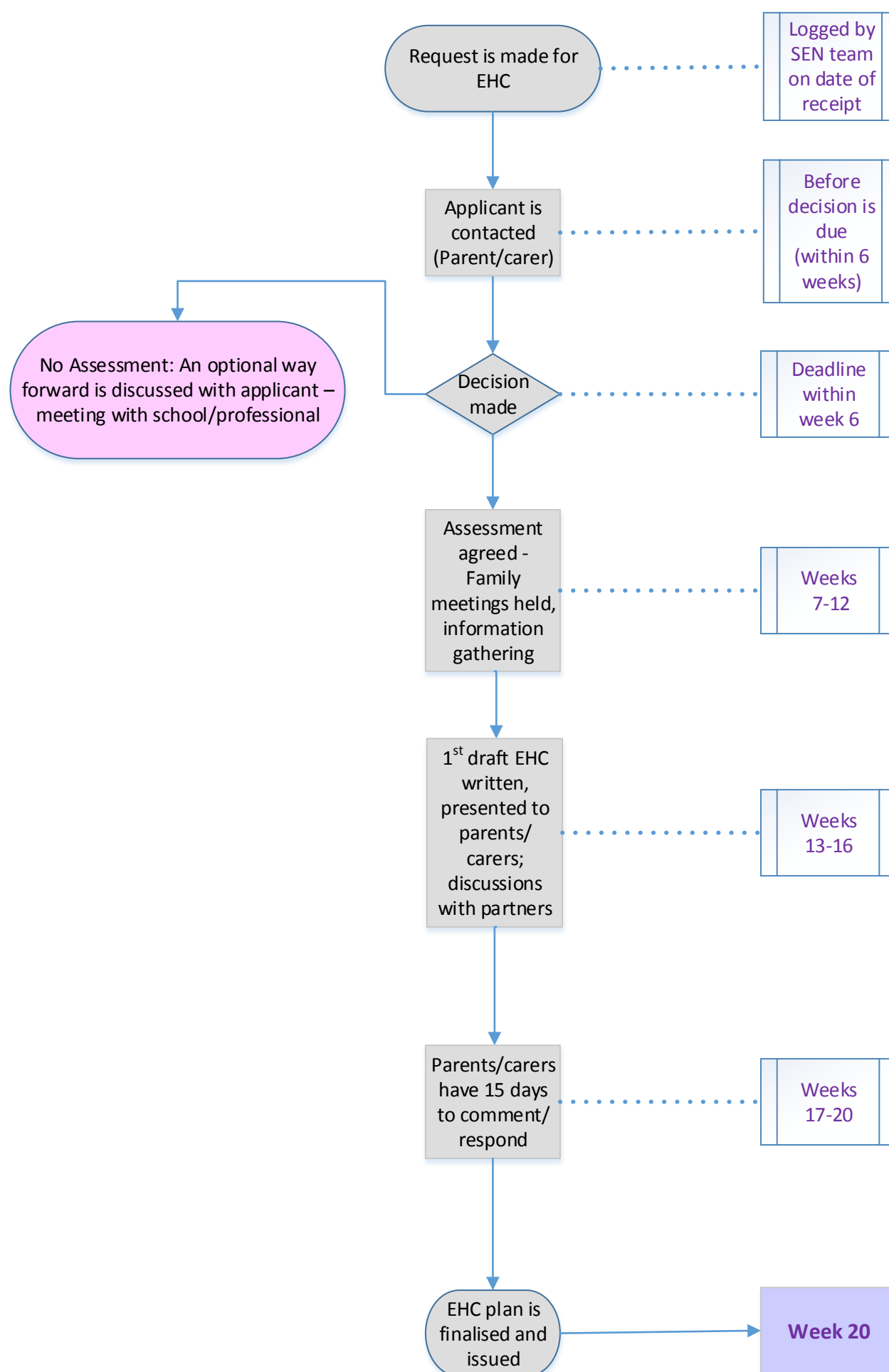
⁴ The child or YP has been identified by the LA or brought to the attention of the LA as having or possible having SEN

Time	Legal Duty	Ipsa note	Where in law
	(h) advice and information from any person the child's parent or young person reasonably requests that the LA seek advice from.		
	<p>Note in relation to the advice to be obtained:</p> <p>The SEND Code says that the advice should be clear, accessible and specific (paragraph 9.51).</p> <p>There is only one exception to seeking new advice which is where it is agreed, in relation to a particular advice, that existing information and advice is "sufficient" for the purposes of the assessment.</p> <p>The judgement that an individual report is sufficient must be made by all of the following</p> <ul style="list-style-type: none"> (1) the LA, (2) the original author of that report, and (3) the parent or young person. <p>If any one of these disagrees or is no longer available, then the LA must seek new advice.</p> <p>An LA must not make a "blanket" decision that all existing information and advice is sufficient for a child or young person, but must look at each piece of advice and request consent from the author and the parent or young person.</p> <p>The SEND Code paragraph 9.47 advises that parents and young people should be supported to make an informed decision.</p>	<p>There is a significant focus on outcomes as a result of C&FA 2014. In relation to advice sought for assessment (see detail of Reg 6 above) it must include outcomes.</p> <p>Arguably, any advice prior to September 2014 would not be written to include outcomes so parents should carefully consider whether such advice is 'sufficient'</p>	SEND Regs 2014: Reg. 6(4).
Week 16	If the LA decides not to issue an EHC plan , having carried out the EHC needs assessment they must so notify the parent/young person by this date. The parent/young person will have a right of appeal to the Special		Time limit for notice of refusal of a plan within 16 weeks:

Time	Legal Duty	Ipsa note	Where in law
	Educational Needs and Disability Tribunal against the decision to refuse to issue a plan.		SEND Regs 2014 Reg. 10(1)
Week 14	<p>A draft EHC plan needs to have been produced and sent to the parent or young person by this time.</p> <p>At the same time, the LA must advise the parent or young person where they can find information about the schools and colleges that are available for the child or young person to attend.</p> <p>The parent or young person then has at least 15 calendar days after receipt of the draft plan in which to:</p> <ol style="list-style-type: none"> 1. make representations to the LA about the contents of the draft EHC plan; 2. ask for a meeting with an LA officer to discuss the draft EHC plan; 3. tell the LA the type of school/college (mainstream or special) and the actual school/college they would like named in the final EHC plan. 	<p>There is no date specified in law by which the draft plan must be issued but for the whole process to be completed within 20 weeks, this must be issued by week 12 to allow for the draft plan consultation periods below.</p> <p>NB: this period may end earlier if the draft Plan was issued earlier – the 15 days starts when the draft plan is served</p>	<p>Parent/young person's right to respond to draft EHC plan and request school/institution: C&FA 2014 s38(2)</p> <p>Time allowed, info on schools and right to meeting: SEND Regs 2014 Reg. 13(1)</p>
Week 16	LA must consult with the school/college the parent or young person has requested. School or college should respond within 15 days (SEND Code paragraph 9.83).	Note if the school/college do not respond the LA cannot rely on this to go over the overall time limit of finalising the EHC Plan within 20 weeks of the initial request/becoming responsible	C&FA 2014 s39(2)

Time	Legal Duty	Ipsea note	Where in law
Week 20	Final EHC plan issued by the LA.	This must be sent to the child's parent or the YP; the governing body, proprietor or principle of any school, other institution or early years provider named in the EHC Plan and the responsible commissioning body	SEND Regs 2014: Reg. 13(2)
	NB: The deadline from request assessment/LA becoming responsible to the LA finalising the EHCP is 20 weeks; subject to limited exceptions. If the LA decide not to issue a EHCP following assessment they must notify the parent or YP within a maximum of 16 weeks from the date of request/LA becoming responsible. The Regulations note that all decisions must be made 'as soon as practicable' so in other words, if the LA can make the decision quicker than the time limits then they must.		

APPLYING FOR AN EDUCATION, HEALTH AND CARE PLAN THE PROCESS



Request for an Education, Health and Care Needs Assessment

Please read the accompanying guidance document before completing this form.

Part A: to be completed by the person filling in the form e.g. parent or professional (this may be completed jointly where appropriate)

1. Details of the child

*mandatory information

*Family Name:				*Child first name:			
Preferred Name:				*DOB:		Year group:	
Ethnicity:		Religion:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>		
*Address:	Postcode:			*NHS Number:			
Is child looked after? :				Care Status:			
				Responsible LA:			
First Language (inc British Sign Language):				Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name and address of playgroup/nursery/school/college your child is attending:							
Primary special educational need:				Unique pupil number: <i>Provided by schools</i>			

2. Details of parents/carers

*Full names of parents/carers:							
*Relationship to the child: e.g. parent, grandparent, foster carer				*Does this person(s) have parental responsibility for this child?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
*Address (if different from child/young person):					*Postcode:		
First Language (inc British Sign Language):				Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Telephone number:		Mobile number:	
Email address:			
Please advise how and when is best to contact this person:			
Please tell us about any special needs that you may have which we need to take in to account:			
*Full names of anyone else with parental responsibility for the child/young person:			
*Address (if different from child/young person):		*Postcode:	
First Language (inc British Sign Language):		Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*Telephone number:		Mobile number:	
Email address:			
Please tell us about any special needs that you may have which we need to take in to account:			

3. Professional Involvement

Have you discussed making this application with your child's nursery, playgroup school or college?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
If you answered 'no' could you please tell us why?				
If you answered 'yes' please provide their contact details:	Name:	School / setting address:	Contact number:	Email:

Please list any relevant professionals that have assessed or been involved with your child and their contact details where possible. Include copies of any reports to help us with our decision making

Service	Named Professional / Address	Tick if seen in the last year.	Tick if report enclosed
Educational Psychologist:			
Advisory Teacher:			
Social Worker:			
Medical professional/s: (e.g. GP or Paediatrician)			
Speech & Language Therapist:			
Occupational Therapist:			
Physiotherapist:			
Health Visitor:			
Child & Adolescent Mental Health Services (CAMHS):			
Other:			

Part B: to be completed by the parent / carer

N.B. If request is not being made alongside a parent / carer skip to part D

1. About your child

This section is for you and your child to tell us your story. There are some prompts below to help you provide this information but you can present it in any way that you like.

What are your child's views, hopes and goals for the future?

What are your hopes and aspirations for your child for the future?

My Story (for example details about play, health, schooling, independence, friendship, aspirations for further education and future plans including employment)

How to communicate with my child and involve them in decisions

What are your reasons for making this request and how do you think an Education, Health and Care assessment and potential plan would help your child?

The important people in my life; family, friends, favourite people (even pets)

Name:	Relationship:

Part C: to be completed by parent / carer

This health information form should be completed by parents/carers. The information will be used to assist the multi-agency panel in deciding whether to proceed to an EHC assessment. The panel will consider the child's health needs and may make a referral to a health professional if further information or support is thought to be helpful.

Name of person completing this section:

Relationship to Child/Young Person:

Child/young person's diagnosis (if any):

Professional who made diagnosis:

Parents and child's health concerns

Tick those areas where you have a concern and use the comments box to tell us more about how this affects your child. *(If you run out of space, please continue on a separate sheet)*. Please contact your Health professional if you would like support in completing this

	No	Yes	Impact on everyday life
General physical health			
Airway and breathing, including chest infections			
Pain			
Seizures			
Eating, drinking, swallowing, drooling			
Behaviour issues related to food - Choices / Attitude			
Acid reflux or vomiting			
Dental Health			
Growth			

Weight gain/loss			
Mobility, getting around			
Hand function/writing			
Personal care (self feeding, washing, dressing, toileting etc.) Bowel and bladder eg. wetting, constipation			
Vision (eyesight)			
Hearing			
Communication Speech or other methods (which ones)			
Understanding			
Attention & listening			
Sleep			
Behaviour, emotions and feelings Managing emotions			
Puberty Issues			
Fatigue / Stamina			
Equipment issues			

Does your child have a health care plan? If so, please attach

Are you currently waiting for any further Health Assessments / Appointments? Please tell us what for/who with.

Part D: to be completed by the parent / carer

Consent for Education, Health and Care Plan Assessment

- I have read and understood the guidance on “Requesting an Education, Health and Care (EHC) Assessment”.
- I would like you to consider carrying out a statutory assessment of my child’s special educational needs, and I give you permission to contact my school/college, health services, social care or other professionals as necessary.
- I agree for relevant professionals to seek and to share information with agencies regarding my child for Education, Health and Care Plan assessment.
- The consent will be valid for information sharing for the duration of the EHC plan assessment and, if an EHC plan is issued, for the duration of the plan.

☐ I confirm that I have read the guidance document and understand the terms of consent

Signed.....

Date

Name

Relationship to the child/young person:

Part E: Information for parent / carer

If you are looking after a child with a physical or learning disability, or life limiting condition you might not think of yourself as a carer. However, being the parent of a child with disabilities can cause you to experience additional pressures and problems, such as;

- Your child's friendship and social/support network
- Child care and short breaks
- Finances for you and your child
- Your child's education
- Your child's challenging behaviour
- Preparing your child for adulthood
- The impact of caring on your health, well-being and on your relationships

Hertfordshire has a graduated response to meeting social care needs of children in the local area. It is important to note that having a disability does not automatically mean that you or your child need to access social care support, but you may want to access services which are available from your local community

If you believe that your family needs additional social care support you will find information is available online to tell you what support you can access.

[Short Break Local Offer - https://www.hertfordshire.gov.uk/microsites/local-offer/support/short-breaks/short-breaks.aspx](https://www.hertfordshire.gov.uk/microsites/local-offer/support/short-breaks/short-breaks.aspx)

Short breaks offer disabled children and young people the chance to spend time out with others, socialising and doing fun activities; giving their families a break and providing them with confidence their child is well supported by a trained worker. They range from play and leisure activities provided through community groups and leisure providers to overnight stays.

[Families First & Early Help - https://directory.hertfordshire.gov.uk/kb5/hertfordshire/directory/familiesfirst.page?familiesfirstchannel=0](https://directory.hertfordshire.gov.uk/kb5/hertfordshire/directory/familiesfirst.page?familiesfirstchannel=0)

By providing early help to families, we aim to ensure all key partner agencies take a joined up approach and, together, make the best use of their resources to help children, young people and families. You may not know where to look for early help, and it is difficult to know what services are available and how to use them. Families First can help.

[0-25 Together Service - https://www.hertfordshire.gov.uk/microsites/local-offer/services/0-25-together-service.aspx](https://www.hertfordshire.gov.uk/microsites/local-offer/services/0-25-together-service.aspx)

This is Hertfordshire's Social Care service for children and young people, aged 0-25 years, who have disabilities. We'll work with you from when you first need social care support. Helping children and young adults with disabilities to lead safe, independent and fulfilled lives, until they reach stability in early adulthood, up until they're 25 years old.

Alternatively, if you would like for us to come and talk with you about your family situation and how we might be able to help then please call us on 0300 123 4043.

Part F: To be completed school, college or other educational setting

N.B. parents / carers are not required to complete this section if application is being made independent of the school or educational setting.

1. Your details

Name of requesting professional:		Organisation:	
Address:		Postcode:	
Job title/relationship to child/young person:			
Telephone number:		Mobile number:	
Email address:			
We strongly recommend that requests are made alongside parents/ carers or young people themselves (post 16). If this is not possible please tell us why:			

2. School attainment

For a child who is pre-school age or in foundation stage please complete one or both of the first two sections below

For other pupils please provide the most recent information in section 2. Information from an earlier key stage should also be provided where it might be helpful

Please note Sections 3 – 7 should be completed for **all** children

Section 1 - Pre-school/foundation stage				
Please give results from any developmental or standardised assessment Griffiths Detailed Profile Schedule of Growing Skills Individual Assessment of Early Learning and Development (IAELD) Other assessment tool (e.g. by Speech and Language Therapist). Please tick one above or name as appropriate:				
Date of assessment:		Completed by:		
Subscale title				
Quotient/ development age				
Subscale title				
Quotient/ development age				

Section 2 Assessments completed by the setting							
Date assessed	Key stage	TA or SATS	Sp&L	Reading	Writing	Maths	Science

Section 3 Result of reading, spelling or other assessments		
Test used:	Date:	Result:

Section 4 Provision made from school's delegated budget to address the child/young person's SEN	
Please attach the following;	
School's offer (SEN Information report)	<input type="checkbox"/>
Provision map	<input type="checkbox"/>
Time table of support	<input type="checkbox"/>

Timetable of support: Please detail nature and duration of support and also whether 1:1, small group or general classroom support. <i>Please note that funding for up to 12 hours of individual support is delegated to schools for pupils with Special Educational Needs School Support.</i>					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
Break times					
PM					

Section 5 Provision made from college's Core Programme or High Needs Student funding (if required) to address the young person's SEND

Please attach the following:

- | | |
|---|--------------------------|
| College's local offer | <input type="checkbox"/> |
| Time table of support | <input type="checkbox"/> |
| Preparing for Adulthood Transition Plan | <input type="checkbox"/> |

Section 6 Monitoring of SEN Support

Date identified as needing SEN Support

Please detail progress over the last 2 – 3 years and ensure there is evidence of unaided work / up to date assessments in your application and attach evidence of action taken through the graduated response to meet child and young person's SEN and the impact as noted at each review including any progress made

Section 7 External professionals involved

Name:	Agency:	Date of last involvement:	Report attached (Yes or No)
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature:		Date request submitted:	
-------------------	--	--------------------------------	--

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 :

- ☐ A concise description of the child's strengths, learning difficulties or needs, indicating what he or she can and cannot do. This should be no more than one or two paragraphs which give a summary overview of the child.
- ☐ One or two samples of the child's recent work which should be dated and annotated, including whether the work was completed aided or unaided, and an explanation of the context in which the work was undertaken.
- ☐ 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 where relevant.
- ☐ School and/ or setting summary of record of parental involvement and the views of the child's parents/carers where these have been made known.
- ☐ The views of the child/young person where this can be ascertained.

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

Please return this form to your local area SEND Team:

North Herts & Stevenage SEND Team

Covering: Hitchin, Baldock, Letchworth, Royston, Stevenage

(Post Point SFAR120), 1st Floor, Farnham House, Six Hills Way, Stevenage, Herts, SG1 2FQ

Email: northhertsstevenage.senteam@hertfordshire.gov.uk

East Herts, Broxbourne & Welwyn Hatfield SEND Team

Covering: Hertford, Ware, Watton, Cheshunt, Bishop's Stortford, Hoddesdon, Broxbourne, Buntingford, Welwyn Hatfield

(Post Point CHN006), Area Office, County Hall, Hertford, Herts, SG13 8DF

Email: easthertsbroxbourne.senteam@hertfordshire.gov.uk

St Albans & Dacorum SEND Team

Covering: Harpenden, Hemel Hempstead, Tring, Berkhamsted, St Albans, Kings Langley

(Post Point AP1108), Apsley Two, Brindley Way, Apsley, Hemel Hempstead, Herts, HP3 9BF

Email: stadsendteam@hertfordshire.gov.uk

Watford, Three Rivers & Hertsmere SEND Team

Covering: Bushey, Radlett, Watford, Three Rivers, Hertsmere

(Post Point AP2113), Apsley Two, Brindley Way, Apsley, Hemel Hempstead, Herts, HP3 9BF

Email: watfordthreerivers.senteam@hertfordshire.gov.uk

New request for an Education, Health and Care Needs Assessment – for young people aged 16-25

Only to be used by young people requesting an assessment themselves. If you are applying on behalf of a young person please use the general request form.

Part A: to be completed by the young person

(Supported by others where appropriate)

1. Your details

*mandatory information

*Your family name:			*Your first name:		
Preferred Name:			*DOB:		
Ethnicity:		Religion:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/>
*Address:				*NHS Number:	
	Postcode:				
First Language (inc British Sign Language):		Do you need an interpreter?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Telephone number:			Mobile number:		
Email address:					
Please advise how and when is best to contact you:					
*Name and address of your school/college/post school setting:					
Did you receive support to complete this form?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Was support from you parents?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can we contact the person who supported you if necessary?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If support was from someone other than you parents, please provide their contact details here:	Address:		Email address:		Contact number:

--	--	--	--

2. Details of your parents/carers

*Full names of your parents/carers:			
*What is their relationship to you? e.g. parent, grandparent, foster carer			
*Address (if different from yours):		*Postcode:	
Telephone number:		Mobile number:	

3. Professional Involvement

Please list any relevant professionals that have assessed or been involved with you and their contact details where possible. Please include any copies of reports to help us with our decision making

Educational Psychologist:	
Advisory Teacher:	
Youth Connexions Personal Adviser:	
Social Worker:	
Medical professional: (e.g. GP)	
Speech & Language Therapist:	
Occupational Therapist:	
Physiotherapist:	
Child & Adolescent Mental Health Services (CAMHS):	
Other:	

Part B: to be completed by the young person

1. About you

This section is for you to tell us your story. There are some prompts below to help you provide this information but you can present it in any way that you like.

What are your views, hopes and goals for the future?

What are your aspirations for the future?

My Story (for example details about health, schooling, independence, friendship, aspirations for further education and future plans including employment)

How to communicate with you and involve you in decision making

What are your reasons for making this request and how do you think an Education, Health and Care assessment and plan, if agreed, would help you?

--

The important people in my life; family, friends, favourite people (even pets)	
Name:	Relationship:

Part C: to be completed by young person

This health information form should be completed by you, but you can ask for support if you want to. The information will be used to assist the multi-agency panel in deciding whether to proceed to an EHC assessment.

The panel will consider your health needs and may make a referral to a health professional if further information or support is thought to be helpful.

Name:

If you have been given a medical diagnosis please enter this here:

The name of the professional who made this diagnosis if you know this:

Tick those areas where you have a concern and use the comments box to tell us more about how this affects you. *(If you run out of space, please continue on a separate sheet)*. Please contact your Health professional if you would like support in completing this

	No	Yes	Impact on everyday life
General physical health			
Airway and breathing, including chest infections			
Pain			
Seizures			
Eating, drinking, swallowing, drooling			
Behaviour issues related to food - Choices / Attitude			
Acid reflux or vomiting			
Dental Health			
Growth			
Weight gain/loss			
Mobility, getting around			
Hand function/writing			

Personal care (self feeding, washing, dressing, toileting etc.) Bowel and bladder eg. wetting, constipation			
Vision (eyesight)			
Hearing			
Communication Speech or other methods (which ones)			
Understanding			
Attention & listening			
Sleep			
Behaviour, emotions and feelings			
Managing emotions			
Puberty Issues			
Fatigue / Stamina			
Equipment issues			
Are you waiting for any further Health Assessments / Appointments? Please tell us what for/who with.			

Part D: to be completed by the young person

Consent for Education, Health and Care Plan Assessment

- I have read and understood the guidance on “Requesting an Education, Health and Care (EHC) Assessment”.
- I would like you to consider carrying out a statutory assessment of my special educational needs, and I give you permission to contact my school/college, health services, social care or other professionals as necessary.
- I agree for relevant professionals to seek and to share information with agencies regarding my child for Education, Health and Care Plan assessment.
- The consent will be valid for information sharing for the duration of the EHC plan assessment and, if an EHC plan is issued, for the duration of the plan.



I confirm that I have read the guidance document and understand the terms of consent

Signed.....

Date

Name

Part E: Social Care information

Hertfordshire's approach is a graduated response to meeting social care needs of children in the local area. It is important to note that having a disability does not automatically mean that you or your child need to access social care support, but you may want to access services which are available from your local community

If you believe that your family needs additional social care support you will find information is available online to tell you what support you can access.

[Short Break Local Offer - https://www.hertfordshire.gov.uk/microsites/local-offer/support/short-breaks/short-breaks.aspx](https://www.hertfordshire.gov.uk/microsites/local-offer/support/short-breaks/short-breaks.aspx)

Short breaks offer disabled children and young people the chance to spend time out with others, socialising and doing fun activities; giving their families a break and providing them with confidence their child is well supported by a trained worker. They range from play and leisure activities provided through community groups and leisure providers to overnight stays.

[Families First & Early Help -](https://directory.hertfordshire.gov.uk/kb5/hertfordshire/directory/familiesfirst.page?familiesfirstchannel=0)

<https://directory.hertfordshire.gov.uk/kb5/hertfordshire/directory/familiesfirst.page?familiesfirstchannel=0>

By providing early help to families, we aim to ensure all key partner agencies take a joined up approach and, together, make the best use of their resources to help children, young people

and families. You may not know where to look for early help, and it is difficult to know what services are available and how to use them. Families First can help.

0-25 Together Service - <https://www.hertfordshire.gov.uk/microsites/local-offer/services/0-25-together-service.aspx>

This is Hertfordshire's Social Care service for children and young people, aged 0-25 years, who have disabilities. We'll work with you from when you first need social care support. Helping children and young adults with disabilities to lead safe, independent and fulfilled lives, until they reach stability in early adulthood, up until they're 25 years old.

Alternatively, if you would like for us to come and talk with you about your family's situation and how we might be able to help then please call us on 0300 123 4043.

Part F: to be completed by the school or college

N.B. parents / carers / young people are not required to complete this section if application is being made independent of the school or educational setting.

1. Your details

Name of requesting professional:		Organisation:	
Address:		Postcode:	
Job title/relationship to child/young person:			
Telephone number:		Mobile number:	
Email address:			

We strongly recommend that requests are made alongside parents/ carers or young people themselves (post 16).

If this is not possible please tell us why:

2. School / college attainment

Please provide the most recent information. Information from an earlier key stage should also be provided where it might be helpful

Section 1 National Curriculum/ P Scales (in Schools only)							
Date assessed	Key stage	TA or SATS	Sp&L	Reading	Writing	Maths	Science

Section 2 Assessments completed by the setting (in Schools or Colleges)		
Assessment used:	Date:	Result:

Section 3 Provision made from school's delegated budget to address the child/young person's SEN (in Schools only)	
Please attach the following;	
School's offer (SEN Information report)	<input type="checkbox"/>
Provision map	<input type="checkbox"/>
Time table of support	<input type="checkbox"/>

Section 4 Provision made from college's Core Programme or High Needs Student funding (if required) to address the young person's SEND (In Colleges only)

Please attach the following:

College's local offer ☐

Details of support ☐

Preparing for Adulthood Transition Plan ☐

Section 5 Monitoring of SEN Support

Date identified as needing SEN Support (ALS)

Please detail progress over the last 2 – 3 years and ensure there is evidence of unaided work / up to date assessments in your application and attach evidence of action taken through the graduated response to meet the young person's SEN and the impact as noted at each review including any progress made

Section 6 External professionals involved

Name:	Agency:	Date of last involvement:	Report attached (Yes or No)
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature:

Date request submitted:

Supporting Evidence required

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 :

- ☐ A concise description of the young person's strengths, learning difficulties or needs, indicating what he or she can and cannot do. This should be no more than one or two paragraphs which give a summary overview of the young person.
- ☐ One or two samples of the young person's recent work which should be dated and annotated, including whether the work was completed aided or unaided, and an explanation of the context in which the work was undertaken.
- ☐ Relevant reports from external specialist(s) which indicate the degree and complexity of difficulties. *(A medical report is required for any young person whom the request is being made on grounds of a medical diagnosis and its impact on the young person'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 young person's attainments and social development, including information about the young person's attendance where relevant.
- ☐ School and/ or setting summary of record of parental involvement and the views of the young person's parents/carers where these have been made known.
- ☐ The views of the young person/young person where this can be ascertained.

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

Please return this form to your local area SEND Team:

North Herts & Stevenage SEND Team

Covering: *Hitchin, Baldock, Letchworth, Royston, Stevenage*
 (Post Point SFAR120), 1st Floor, Farnham House, Six Hills Way, Stevenage, Herts, SG1 2FQ
 Email: northhertsstevenage.senteam@hertfordshire.gov.uk

East Herts, Broxbourne & Welwyn Hatfield SEND Team

Covering: *Hertford, Ware, Watton, Cheshunt, Bishop's Stortford, Hoddesdon, Broxbourne, Buntingford, Welwyn Hatfield*
 (Post Point CHN006), Area Office, County Hall, Hertford, Herts, SG13 8DF
 Email: easthertsbroxbourne.senteam@hertfordshire.gov.uk

St Albans & Dacorum SEND Team

Covering: *Harpenden, Hemel Hempstead, Tring, Berkhamsted, St Albans, Kings Langley*
 (Post Point AP1108), Apsley Two, Brindley Way, Apsley, Hemel Hempstead, Herts, HP3 9BF
 Email: stadsendteam@hertfordshire.gov.uk

Watford, Three Rivers & Hertsmere SEND Team

Covering: Bushey, Radlett, Watford, Three Rivers, Hertsmere

(Post Point AP2113), Apsley Two, Brindley Way, Apsley, Hemel Hempstead, Herts, HP3 9BF

Email: watfordthreerivers.senteam@hertfordshire.gov.uk

Kaylie

What people like and admire about me...

I am light hearted and don't often take offence to things

I don't like to quit - I will work as hard as possible to find a way

I am always up for a challenge

I always have time for others

I am good at crafting which is something I also enjoy

I am a good friend to others



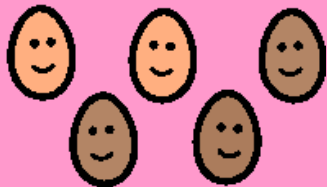
What makes me happy

- **My family** - I live with my husband and two little boys. Talk about being outnumbered!
- **Music** - I love music, it picks me up when I am feeling sad. I love live music and like to go to Gigs & Festivals.
- **Biscuits** - I am literally the office biscuit monster...if there are any in the tin, then I am eating them 😊.
- **My job** - Working for SENDIASS is one of the best jobs I have had! I love supporting others especially young people.

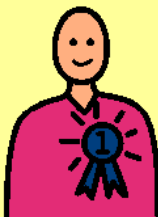
How I want to be supported

- I am a visual person. I like to see things done before attempting them myself
- I struggle with writing long pieces of work, so I like to use a computer
- I often have ideas but find it hard to put them into words, so I like others to be patient with me when I am trying to explain things
- Reassurance from others when I am doing things well really motivates me and helps me to keep going

Important
people



My Journey So Far



How others
describe me

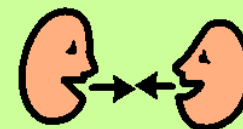


The best ways to
help me



All
About
Me

The best way to
communicate with me



What is important to me



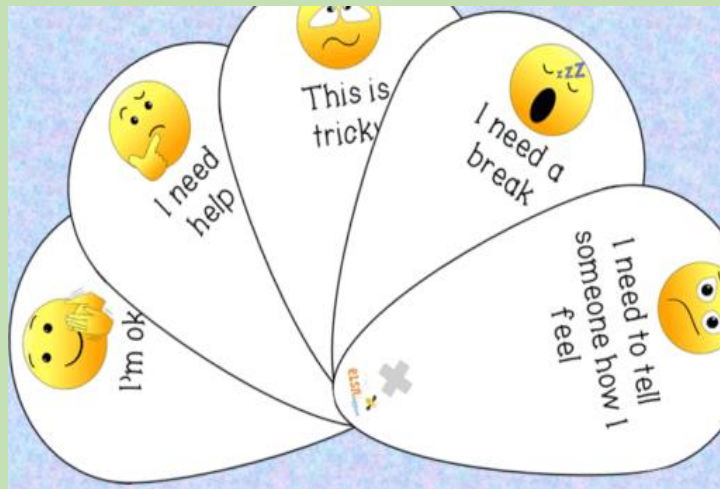
My dreams



Things I like doing

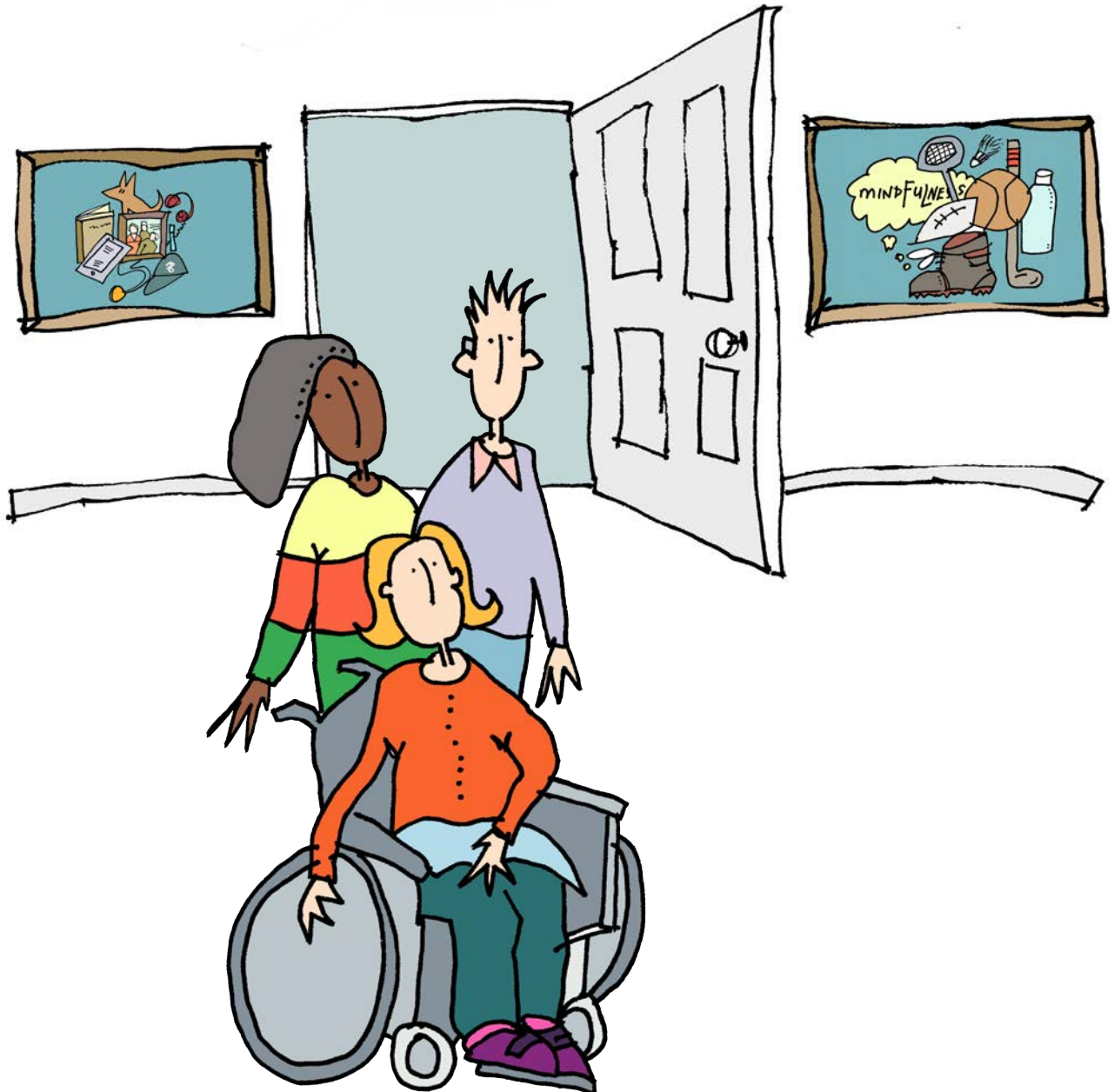


The best ways to help me



Additional Helpful Tools:

Planning My Future Life



One Page Profile

WHAT PEOPLE LIKE AND ADMIRE ABOUT ME

WHAT MATTERS TO ME (IMPORTANT TO)

HOW BEST TO SUPPORT ME (IMPORTANT FOR)

NAME

DATE

WHAT PEOPLE LIKE ABOUT ME

IF I COULD... I WOULD...



WHAT I WANT IN THE FUTURE

WHAT MATTERS ISLAND

PEOPLE

WHAT I'M GOOD AT

WHAT NEEDS TO HAPPEN

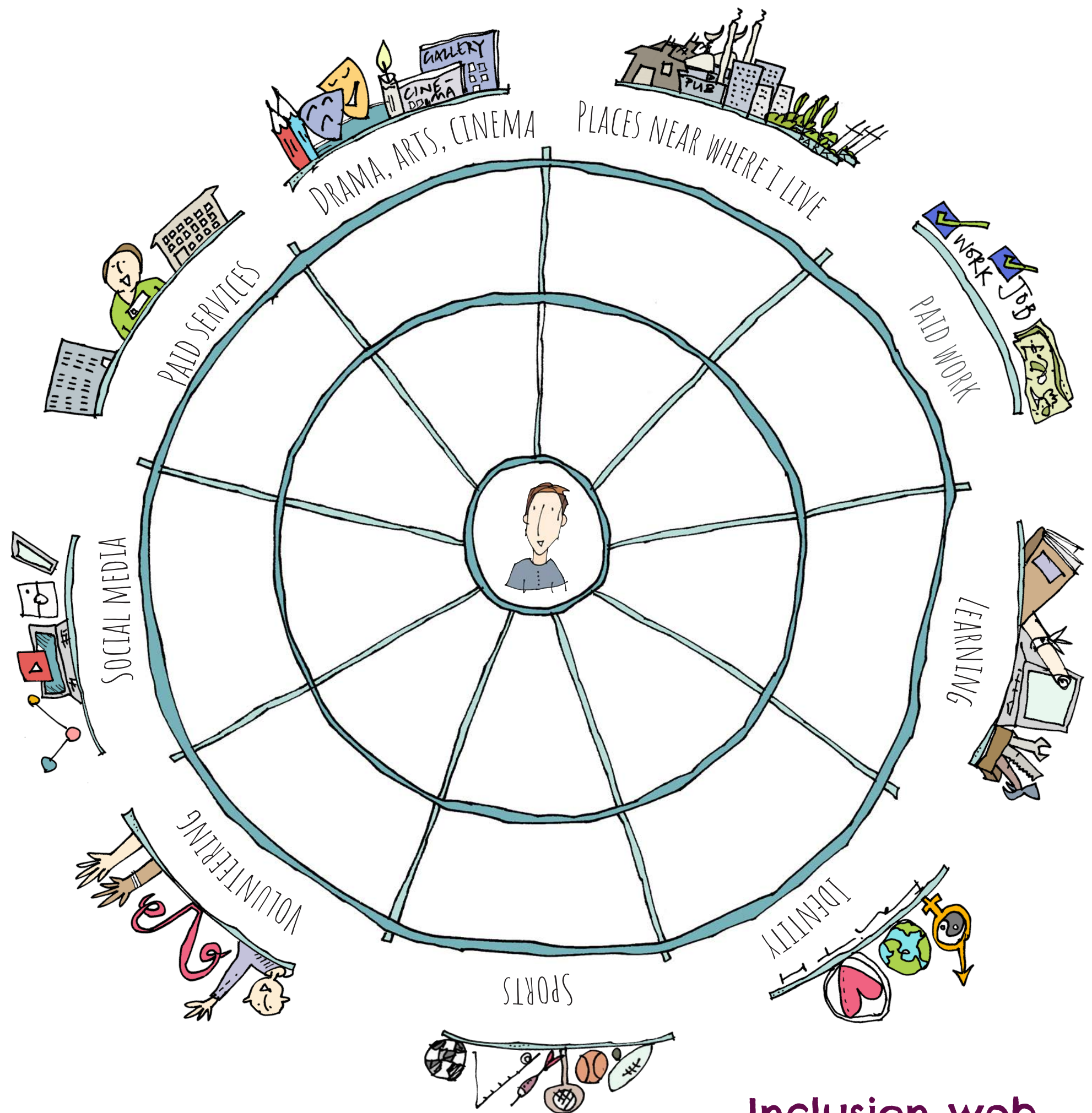
THINGS TO DO

THINGS TO HAVE

PLACES I GO

PEOPLE I KNOW

PLACES		
EMPLOYMENT		
LEARNING		
IDENTITY		
SPORTS		
VOLUNTEERING		
SOCIAL MEDIA		
PAID SUPPORT		
DRAMA ARTS		



Inclusion web

GOOD DAY

BAD DAY



WHAT DOES THIS SAY ABOUT WHAT MATTERS TO ME?

WHAT DOES THIS SAY ABOUT THE SUPPORT I NEED?

Perfect Week



MORNING



AFTERNOON



EVENING

MON

TUES

WED

THURS

FRI

SAT

SUN

Decision Making Profile

HOW I LIKE TO GET INFORMATION	HOW TO PRESENT CHOICES TO ME	WAYS YOU CAN HELP ME UNDERSTAND	THE BEST TIME FOR ME TO MAKE DECISIONS	THE WORST TIME FOR ME TO MAKE DECISIONS

Communication Passport



AT THIS TIME



I DO THIS



IT MEANS



YOU NEED TO



SUPPORT WANTED OR NEEDED

SKILLS THAT ARE NEEDED

PERSONALITY CHARACTERISTICS NEEDED

SHARED COMMON INTERESTS (WOULD BE GREAT TO HAVE)

Presence to contribution



OPPORTUNITY TO CONTRIBUTE

OPPORTUNITY TO CONNECT

ACTIVELY PARTICIPATING

HAVING PRESENCE

BEING PRESENT

ACTIVITY



Website

www.preparingforadulthood.org.uk

Contact Information

info@preparingforadulthood.org.uk | 01225 789 135

Social Media

@PfA_tweets | | @preparingforadulthood

Preparing for
Adulthood



Mind of My Own Free Young Person App



[About](#) [Our Apps](#) [Our Community](#) [Meet the Team](#) [News](#) [VoxCon](#) [Contact Us](#) [Login/Register](#)

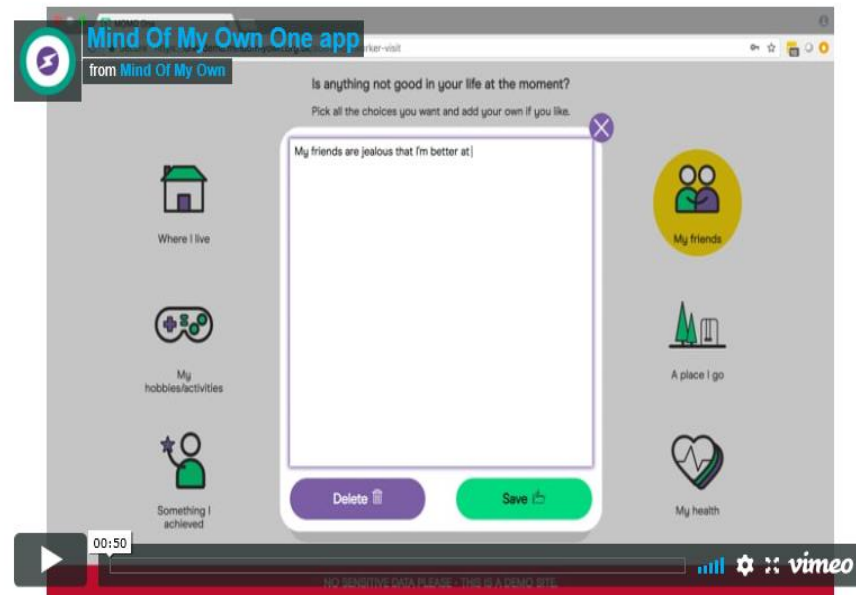
Does anyone listen- really listen- just to you?

If you're finding it hard to talk to a social worker, health professional or teacher, One App is a great way to put down your thoughts and send them to those who need to hear from you.

Thousands of young people like you are using [Mind Of My Own](#) to talk to their workers. What are you waiting for?



[Sign up here](#)



Mind Of My Own apps are designed and conscientiously co-produced **with** young people **for** young people. We embrace the fact that children and young people are experts by experience and harness their