**SEND & INCLUSION HUB:**

**SCHOOL REQUEST FOR ADVICE / SUPPORT**

**Parental Consent and Supporting Information**

Parental consent must be obtained before completion of this request form and requestor should provide parent / carer with a copy of the parent / carer consent and privacy policy, or signpost to the EAPDR web page.

|  |  |
| --- | --- |
| **Parental consent obtained on**  | **dd/mm/yy** |

**Please click on the following link which will take you to the EAPDR web page containing the privacy notice details.**

[Privacy policy - SEND and Inclusion Hub - Staffordshire County Council](https://www.staffordshire.gov.uk/Education/SpecialEducationalNeeds/Privacy-policy-SEND-and-Inclusion-Hub.aspx)

**S&I Hub Request: Internal use only:**

**Blue = Original Hub Request**

**Yellow = Commissioned Family Support (If required)**

**Grey = Hub Discussions and Decisions**

**Green = EAPDR Request**

**Orange = EAPDR Process**

**Purple = Commissioning Use Only**

**Pink = When and where school needs to send the form**

**NB: To jump to any of the above sections, press Ctrl + G, select bookmark and the colour of your choice, then select Go To**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please tick appropriate District of School** | Cannock |[ ]  East Staffs |[ ]  Lichfield |[ ]  Moorlands |[ ]
|  | Newcastle  |[ ]  South Staffs  |[ ]  Stafford  |[ ]  Tamworth |[ ]
| **Name of Hub** |  |
| **Date of request:** |  |

|  |  |
| --- | --- |
| **School:** |  |
| **DFE Number:** |  |
| **Name of SENCo** |  |
| **Contact details of SENCo / School** | **Tel:****Email:** |
| **Child / Young Person full Name:****Preferred name:** |  | **Gender:** |  |
| **Ethnicity:** |  |
| **UPN:** |  |
| **D.O.B:** |  | **NCY:** |  |
| **Address:** |  | **NHS Number:** |  |
| **Parent / Carer 1 Name:** |  |
| **Address (If different from CYP)** |  | **First language preference:** |  |
| **Communication Needs / Preferences (BSL / Braille etc):** |  |
| **Phone Number:** |  |
| **Parent / Carer Email:** |  |
| **Parent / Carer 2 Name:** |  |
| **Address (If different from CYP)** |  | **First language Preference:** |  |
| **Communication Needs / Preferences (BSL / Braille etc):** |  |
| **Phone Number:** |  |
| **Parent / Carer Email:** |  |
| **If you consider the family to require further support outside of the S&I Hub, please click here:** | [**https://www.staffordshireconnects.info/kb5/staffordshire/directory/service.page?id=rtgbpYg0iDk&localofferchannel=1-6-1**](https://www.staffordshireconnects.info/kb5/staffordshire/directory/service.page?id=rtgbpYg0iDk&localofferchannel=1-6-1) |
| **G1****Any capacity issues for child / young person:** |  |
| **G2:****Further Information:** |

|  |  |
| --- | --- |
| **Is the child currently in care?** |  |
| **If yes to above, to which LA?** |  |
| **Child in Need** |  |
| **Child Protection Plan** |  |
| **Armed Forces Family** |  |
| **Gypsy Roma Traveller** |  |

 |
| **Social worker details (where applicable):** |  |
| **GP Details (Name and Surgery):** |  |

|  |  |  |
| --- | --- | --- |
| **Primary Need****(Please tick only one – additional needs can be included into free text comments)** | Autism Spectrum Disorder |[ ]  Profound and Multiple Learning Difficulty |[ ]
|  | Hearing Impairment |[ ]  Severe Learning Difficulty |[ ]
|  | Medical Needs (Please Complete Main Medical Needs Below) |[ ]  Social, Emotional and Mental Health | [ ]  |
|  | Moderate Learning Difficulty |[ ]  Specific Learning Difficulty |[ ]
|  | Multi-Sensory Impairment |[ ]  Speech, Language and Communication needs |[ ]
|  | Physical Disability |[ ]  Vision Impairment |[ ]
|  **Main Medical Need****(Please tick only one – additional needs can be included into free text comments)** | Breathing | ☐ | Communication |[ ]
|  | Eating/Drinking | ☐ | Drug Therapies and Medication |[ ]
|  | Mobility | ☐ | Psychological and Emotional Needs |[ ]
|  | Continence or Elimination | ☐ | Seizures |[ ]
|  | Skin and Tissue Viability | ☐ | Challenging Behaviours (LD Related) | [ ]  |
|  |  |  | Other – please state in free text comments box(es)  | [ ]  |

**School Assessment of Need and Provision**

|  |
| --- |
| **Please provide a summary of concerns including the daily lived experiences of this C/YP and / or family, and how it impacts on their education / home life** |
|  |

**Has there been previous hub involvement? YES/NO Date of hub:**

|  |
| --- |
| **Please record recommendations and outcomes of hub involvement** |
| **FOR EAPDR REFERRALS, BUSINESS SUPPORT TO RECORD HUB ACTIONS ON THIS PART OF THE FORM:** |

|  |  |
| --- | --- |
| **G4: Please give details of how the inclusion of children and young people with SEND** **is prioritised within your school** |  |

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| **G5: What specific strategies do you already employ? APDR Background:** **“The Story So Far”****Please explain how a graduated approach is being implemented.** |
|  |

|  |  |
| --- | --- |
| **Number of cycles of APDR if applicable:** |  |
| **Pastoral / Behavioural Support Plan in place?** |  |
| **Details of any managed moves if applicable** **(Number and destination schools)** |  |
| **Number of Previous suspensions / exclusions, with dates, if applicable:** |  |
| **What are the desired outcomes linked to the child’s / young person’s special education needs?** | **1.** |
| **2.** |
| **3.** |
| **4.** |
| **Additional Comments** |  |

|  |
| --- |
| **Please send the completed One Form to your relevant District SEND & Inclusion inbox, for example if you are in Cannock:****SendInclusionCannock@staffordshire.gov.uk****Or your corresponding district inbox** |

**Record of HUB discussions:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Hub discussion (to be completed by Hub admin)** | **Date** | **Key Issues** | **Action** |
|  |  |  |
| **School actions (to be completed by school)** | **Date** | **Implementation** | **Review** |
|  |  |  |

**Repeated for all the subsequent discussions…**

|  |  |
| --- | --- |
| **S&I Hub recommendation to refer to EAPDR Panel for consideration?** | **Yes / No** |
| **If NO: Give details as to why decision was made, and how the child’s needs could be met.** |  |
| **If YES: Ideally, school to submit request within 5 working days of recommendation.** **NB: If a request is NOT submitted within 6 calendar weeks of date of recommendation, the request will be closed, and a new recommendation would be needed from the Hub.** |  |
| **Date of Recommendation:** |  |

**EAPDR Request Form**

**This form is used as an addition to the above S&I Hub Request Form, where the Enhanced APDR provision is being requested by an educational setting.**

**Disclaimer: This is a PRE-STATUTORY process, and therefore no appeals process is in place.**

**It is broken down into colour coded sections:**

**Green = EAPDR Request**

**Orange = EAPDR Process**

**Purple = Commissioning Use Only**

**Pink = When and where school needs to send the form**

|  |
| --- |
| **First EAPDR request?** |[ ]
| **Re-request for EAPDR?** |[ ]

|  |  |
| --- | --- |
| **Child, Young Person Voice:****‘All about me’** | Things that are important to me:What is working well at home and school:Other information that is important to know about me:Important things to know about my past:Things that I enjoy doing:How to communicate with me:My hopes, dreams and aspirations for the future:Things I would like to change at home and school:Anything else:  |
| **G6: Summary of educational needs and progress seen by educational setting** |  |
| **Parent / Carer Views and Aspirations**  | Important things to know about our family history:Things that are working well at home and school: Things that are not working well and we would like to change: Our hopes and aspirations for the future:Other information we think is important:Anything else: |
| **G8: Health needs impacting on SEND.****(If applicable)** | Needs: |
| Outcome: |
| Provision: |
| **G9: Social Care Needs related to SEND (If Applicable)** | Needs: |
| Outcome: |
| Provision: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **G3:****Other agencies requested as part of EAPDR process.** |

|  |  |  |
| --- | --- | --- |
| **Name** | **Agency** | **Contact** |
|  |  |  |
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| **Please email your supporting documents, along with this completed form, to your relevant District SEND & Inclusion inbox, for example if you are in Cannock:****SendInclusionCannock@staffordshire.gov.uk****Or your corresponding district inbox****List of Supporting Documents:****-** |

|  |  |
| --- | --- |
| **Panel Decision to commence EAPDR?** | **Yes / No** |
| **If NO – Does Panel Recommend SEDIS?** | **Yes / No** |
| **Extra information to support decision. If a NO to EAPDR decision was made, clarify why decision was made, and how the child’s needs could be met. If you require any further details around this decision, please contact: EAPDR@staffordshire.gov.uk** |  |
| **If YES to EAPDR: School to make arrangements for initial Enhanced Assess and Plan Meeting** |  |
| **Date of Decision:** |  |

|  |  |
| --- | --- |
| **If NO, and you would like your application to be reconsidered by panel, please state what actions you have taken to address the previous panel recommendations. Please re-submit your form to the relevant SEND & Inclusion Hub** |  |

**EAPDR Process – Cycle 1**

|  |  |
| --- | --- |
| **Date of Assess & Planning Meeting** |  |
| **Assess & Plan Meeting Attendees and Role** | **Name** | **Role** |
|  |  |
| **Who else would you have liked to attend the meeting, and why** |  |  |

**G10: Please insert the Staffordshire School SEND and Inclusion Profile here. This will support subsequent meetings in ascertaining what the school will need in place to best meet the needs of the child.**



|  |  |
| --- | --- |
| **Staffordshire School SEND and Inclusion Profile** | **(e.g. SEND training completed in last 2 years, Whole School SEND, Virtual School Pathway, EP Literacy Approach, ELSA)** |
| **SEND Action Plan Targets for 2023 / 24** |  |



|  |
| --- |
| **Primary Area of Need** |
| **C&I** |  | **C&L** |  | **SEMH** |  | **S&P** |  |

|  |  |  |
| --- | --- | --- |
| **G11****Enhanced Assess:****COMMUNICATION & INTERACTION (C&I):** | Summary of Professional Advice: |  |
| **Professional:** | **Advice:** |
| Strengths: |
| Summary of C&I Needs: |
| **G12: Enhanced Plan (C&I):** | **Long Term Outcomes:**  |
| **Short Term EAPDR Outcomes** | **Rating:****Now Expected****(1-10) (1-10)** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| **Whole School Plans and Individual Strategies** |
|  |
|  |
| **G11****Enhanced Assess:****COGNITION & LEARNING (C&L):** | Summary of Professional Advice |  |
| **Professional:** | **Advice:** |
| Strengths: |
| Summary of C&L Needs: |
| **G12: Enhanced Plan (C&L):** | **Long Term Outcomes:**  |
| **Short Term EAPDR Outcomes** | **Rating****Now Expected****(1-10) (1-10)** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| **Whole School Plans and Individual Strategies** |
|  |
| **G11****Enhanced Assess:****SOCIAL EMOTIONAL & MENTAL HEALTH (SEMH):** | Summary of Professional Advice: |  |
| **Professional:** | **Advice:** |
| Strengths: |
| Summary of SEMH Needs: |
| **G12: Enhanced Plan (SEMH):** | **Long Term Outcomes:**  |
| **Short Term EAPDR Outcomes** | **Rating****Now Expected** **(1-10) (1-10)** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| **Whole School Plans and Individual Strategies** |
|  |
| **G11****Enhanced Assess:****SENSORY & PHYSICAL (S&P):** | Summary of Professional Advice: |  |
| **Professional:** | **Advice:** |
| Strengths: |
| Summary of S&P Needs: |
| **G12: Enhanced Plan (S&P):** | **Long Term Outcomes:**  |
| **Short Term EAPDR Outcomes** | **Rating****Now Expected****(1-10) (1-10)** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| **Whole School Plans and Individual Strategies** |
|  |
| **If NO provision is being requested** | * **Please email this form to** **SendInclusionCannock@staffordshire.gov.uk**

**Or your corresponding district inbox** |
| **Proposed provision requested:** | * **Please add your request for provision below**
* **Email this form to** **SEND.commissioning@staffordshire.gov.uk**

**AND your corresponding district inbox** |
| **What is the enhanced provision?****Highlight each ‘Do’ provision agreed & provide detail**  |

|  |  |
| --- | --- |
| **Enhanced Do** | **Enhanced Provision detail** |
| **EPS** |  |
| **STSS / AIT** |  |
| **SEDIS** |  |
| **TA Support** |  |
| **CYP Framework Lot 1** |  |
| **CYP Framework Lot 2** |  |
| **CYP Framework Lot 3** |  |
| **Other (Funding)** |  |

 |
| **How much provision is required? Hours per week over number of weeks** |

|  |  |
| --- | --- |
| **Enhanced Do** | **Quantity (hours per week/no. of weeks)** |
| **EPS** |  |
| **STSS / AIT** |  |
| **SEDIS** |  |
| **TA Support** |  |
| **CYP Framework Lot 1** |  |
| **CYP Framework Lot 2** |  |
| **CYP Framework Lot 3** |  |
| **Other (Funding)** |  |

 |
| **What is the FULL cost of this provision?****(Maximum cycle cost £3,000)** |

|  |  |
| --- | --- |
| **Enhanced Do** | **Full Cost/Maximum Framework Spend** |
| **EPS** |  |
| **STSS / AIT** |  |
| **SEDIS** |  |
| **TA Support** |  |
| **CYP Framework Lot 1** |  |
| **CYP Framework Lot 2** |  |
| **CYP Framework Lot 3** |  |
| **Other (Funding)** |  |

 |
| **Agreed Date of Review Meeting(s):** |  |
| **Please use this space to provide any comments / views about today’s meeting** |  |
| **Provision Provided (For Commissioning Use):**  | **Commissioning to fill in this coloured section, and then send this form back to the relevant SENCo***Remember for future form versions, this section needs to reflect SEDIS / Framework, in terms of provision, costs, spaces, timescales etc from September 2024 Go Live* |
| **SEND Commissioning 50% contribution amount.** |

|  |  |
| --- | --- |
| **Enhanced Do** | **Total** |
|  |  |
|  |  |
|  |  |
| **Total cycle contribution** |  |

 |
| **Reference Number for Payment (EAPDRML01 for example).** |  |
| **Date processed.** |  |
| **G13: Enhanced Do (Cycle 1):** | **Details of specific interventions (plus date, adult etc)** |
| **Bi-Weekly DO Updates** | Week | Comments (please use this to review fortnightly - comment on progress towards outcomes, attendance and level of engagement) |
| 1 2 |  |
| 3 4 |  |
| 5 6 |  |
| 7 8 |  |
| 9 10 |  |
| 11 12 |  |
| **Date of Review Meeting(s):** |  |
| **Review Meeting Attendees:** | **Name** | **Role** |
|  |  |
| **Enhanced Review (Cycle 1)** | **Progress Towards Each Outcome** |
| **Outcome** | **Rating:****Achieved** | **Comments** |
| e.g C&I1 |  |  |
| e.g SEMH1 |  |  |
| etc …. (Please add more boxes as required) |
| **Other Review Information (Please include any updated CYP and Parent / Carer Views):**  |

|  |
| --- |
| **Preparation for Adulthood skills (year 9+):** (Including shopping, preparing meals, housework, managing paperwork and finances and planning and decision-making (for example considering housing options). |
|  |

|  |
| --- |
| **G14: Decision point here, and next steps. Please tick one option:** |
| **Return to SEN Support** |  |
| **2nd EAPDR Cycle** Please complete a second cycle of EAPDR below *(If you are requesting funding for the 2nd cycle, please re-submit the completed form to SEND Commissioning)* |  |
| **Request EHCNA with TAC consensus***Request EHCNA in the normal way, but only completing section 1-4 on the EHC Hub and uploading the completed One Form with the other supporting documents.*Please complete a second cycle of EAPDR below if you would like the resources to continue while the EHCNA is underway. *Please also re-submit the completed form to SEND Commissioning* |  |
| **Request EHCNA without TAC consensus***Request EHCNA in the normal way, but only completing section 1-4 on the EHC Hub and uploading the completed One Form with the other supporting documents.*Please complete a second cycle of EAPDR below if you would like the resources to continue while the EHCNA is underway. *Please also re-submit the completed form to SEND Commissioning* |  |

|  |
| --- |
| **Any Additional Proposed EHCP outcomes / provision (if EHCNA is requested)** |
|  |
| **Additional Information from professionals, if required** |
|  |
| **After each Review, please ensure all contributing professionals have signed below, then send the completed One Form to your relevant District SEND & Inclusion inbox, for example if you are in Cannock:****SendInclusionCannock@staffordshire.gov.uk****Or your corresponding district inbox** |
| **Signed:**  |
| **Name** | **Signature** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |

**EAPDR Process – Cycle 2**

|  |  |  |
| --- | --- | --- |
| **G11****Enhanced Assess:****COMMUNICATION & INTERACTION (C&I):** | Summary of Professional Advice: |  |
| **Professional:** | **Advice:** |
| Strengths: |
| Summary of C&I Needs: |
| **G12: Enhanced Plan (C&I):** | **Outcomes** | **Rating:****Now Expected****(1-10) (1-10)** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| **Whole School Plans and Individual Strategies** |
|  |
|  |
| **G11****Enhanced Assess:****COGNITION & LEARNING (C&L):** | Summary of Professional Advice |  |
| **Professional:** | **Advice:** |
| Strengths: |
| Summary of C&L Needs: |
| **G12: Enhanced Plan (C&L):** | **Outcomes** | **Rating****Now Expected****(1-10) (1-10)** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| **Whole School Plans and Individual Strategies** |
|  |
| **G11****Enhanced Assess:****SOCIAL EMOTIONAL & MENTAL HEALTH (SEMH):** | Summary of Professional Advice: |  |
| **Professional:** | **Advice:** |
| Strengths: |
| Summary of SEMH Needs: |
| **G12: Enhanced Plan (SEMH):** | **Outcomes** | **Rating****Now Expected** **(1-10) (1-10)** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| **Whole School Plans and Individual Strategies** |
|  |
| **G11****Enhanced Assess:****SENSORY & PHYSICAL (S&P):** | Summary of Professional Advice: |  |
| **Professional:** | **Advice:** |
| Strengths: |
| Summary of S&P Needs: |
| **G12: Enhanced Plan (S&P):** | **Outcomes** | **Rating****Now Expected****(1-10) (1-10)** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| **Whole School Plans and Individual Strategies** |
|  |
| **If NO provision is being requested** | * **Please email this form to** **SendInclusionCannock@staffordshire.gov.uk**

**Or your corresponding district inbox** |
| **Proposed provision requested:** | * **Please add your request for provision below**
* **Email this form to** **SEND.commissioning@staffordshire.gov.uk**

**AND your corresponding district inbox** |
| **What is the enhanced provision?****Highlight each ‘Do’ provision agreed & provide detail**  |

|  |  |
| --- | --- |
| **Enhanced Do** | **Enhanced Provision detail** |
| **EPS** |  |
| **STSS / AIT** |  |
| **SEDIS** |  |
| **TA Support** |  |
| **CYP Framework Lot 1** |  |
| **CYP Framework Lot 2** |  |
| **CYP Framework Lot 3** |  |
| **Other (Funding)** |  |

 |
| **How much provision is required? Hours per week over number of weeks** |

|  |  |
| --- | --- |
| **Enhanced Do** | **Quantity (hours per week/no. of weeks)** |
| **EPS** |  |
| **STSS / AIT** |  |
| **SEDIS** |  |
| **TA Support** |  |
| **CYP Framework Lot 1** |  |
| **CYP Framework Lot 2** |  |
| **CYP Framework Lot 3** |  |
| **Other (Funding)** |  |

 |
| **What is the FULL cost of this provision?****(Maximum cycle cost £3,000)** |

|  |  |
| --- | --- |
| **Enhanced Do** | **Full Cost/Maximum Framework Spend** |
| **EPS** |  |
| **STSS / AIT** |  |
| **SEDIS** |  |
| **TA Support** |  |
| **CYP Framework Lot 1** |  |
| **CYP Framework Lot 2** |  |
| **CYP Framework Lot 3** |  |
| **Other (Funding)** |  |

 |
| **Please use this space to provide any comments / views about today’s meeting** |  |
| **Agreed Date of Review Meeting(s):** |  |
| **Provision Provided (For Commissioning Use):**  | **Commissioning to fill in this coloured section, and then send this form back to the relevant SENCo***Remember for future form versions, this section needs to reflect SEDIS / Framework, in terms of provision, costs, spaces, timescales etc from September 2024 Go Live* |
| **SEND Commissioning 50% contribution amount.** |

|  |  |
| --- | --- |
| **Enhanced Do** | **Total** |
|  |  |
|  |  |
|  |  |
| **Total cycle contribution** |  |

 |
| **Reference Number for Payment (EAPDRML01 for example).** |  |
| **Date processed.** |  |
| **G13: Enhanced Do (Cycle 2):** | **Details of specific interventions (plus date, adult etc)** |
| **Bi-Weekly DO Updates** | 1 2 | Comments (please use this to review fortnightly - comment on progress towards outcomes, attendance and level of engagement) |
| 3 4 |  |
| 5 6 |  |
| 7 8 |  |
| 9 10 |  |
| 11 12 |  |
| **Date of Review Meeting(s):** |  |
| **Review Meeting Attendees:** | **Name** | **Role** |
|  |  |
| **Enhanced Review (Cycle 2)** | **Progress Towards Each Outcome** |
| **Outcome**   | **Rating****Achieved** | **Comments** |
| e.g C&I1 |  |  |
| e.g SEMH1 |  |  |
| etc …. (Please add more boxes as required) |  |  |
| **Other Review Information (Please include any updated CYP and Parent / Carer Views):** |

|  |
| --- |
| **Preparation for Adulthood skills (year 9+):** (Including shopping, preparing meals, housework, managing paperwork and finances and planning and decision-making (for example considering housing options). |
|  |

|  |
| --- |
| **G14: Decision point here, and next steps. Please tick one option:** |
| **Return to SEN Support** |  |
| **Request EHCNA with TAC consensus***Request EHCNA in the normal way, but only completing section 1-4 on the EHC Hub and uploading the completed One Form with the other supporting documents.* |  |
| **Request EHCNA without TAC consensus***Request EHCNA in the normal way, but only completing section 1-4 on the EHC Hub and uploading the completed One Form with the other supporting documents.* |  |

|  |
| --- |
| **Any Additional Proposed EHCP outcomes / provision (if EHCNA is requested)** |
|  |
| **Additional Information from professionals, if required** |
|  |
| **After each Review, please send the completed One Form to your relevant District SEND & Inclusion inbox, for example if you are in Cannock:****SendInclusionCannock@staffordshire.gov.uk****Or your corresponding district inbox** |
| **Signed:** |
| **Name** | **Signature** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |