

**Specialist Education Services (SES)**

**EHCP Section F Support Request**

This form should be used to request support from SES to better understand how to implement the educational provision outlined in Section F in a pupil’s EHCP, including plans still in draft. This request does not result in sustained SES input and nor will it directly provide from SES any of the provision outlined in Section F.

Send to: [SESReferrals@suffolk.gov.uk](mailto:SESReferrals@suffolk.gov.uk) Incomplete referrals will be returned.

In line with GDPR regulations, please send this form via an encrypted email (e.g. OME) stating **OFFICIAL-SENSITIVE** in the subject field. ***Signatures will be taken as full permission to progress; please see additional information regarding parental signatures in section 6.***

This referral should be discussed with parents/carers before being completed.

**Section 1: Agreement and request**

Please note:

* How we will use your data: <http://www.suffolk.gov.uk/CYPprivacynotice>.

Please read the SES Partnership Agreement – it can be found here: <https://suffolklearning.com/inclusion/specialist-education-services/>

|  |  |
| --- | --- |
| I accept the SES Partnership Agreement  Requests without agreement will not be progressed | Yes  No |
| Headteacher’s name |  |
| Headteacher’s signature  (electronic signatures will be accepted) |  |
| Date |  |

**Section 2: Pupil details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname (capitals) | |  | | Forename(s) |  |
| Date of birth |  | Current NCY |  | UPN |  |
| Gender | |  | | | |
| Current education setting | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address (where currently living) including postcode |  | | |
| Contact number(s) for home |  | | |
| Home language 1 |  | Ethnicity | Ethnicity. |
| Home language 2 |  | Nationality |  |

**Social Care**

|  |  |  |  |
| --- | --- | --- | --- |
| Child in Need |  | Child Protection 0-18 |  |
| Child in Care 0-16 |  | Court of Protection 18+ |  |
| Leaving Care 16+ |  | Adult and Community Services 18+ |  |
| Early Help 0-18 |  | Disabled Children and Young People 18+ |  |

**Child in Care (If applicable)**

|  |  |
| --- | --- |
| If a Child in Care, name of Authority |  |
| Child in Care status |  |
| Social worker |  |

**EHCP Status** – select one

|  |  |  |  |
| --- | --- | --- | --- |
| Education, Health and Care (EHC) Plan - Final |  | Date issued |  |
| Education, Health and Care (EHC) Plan - Draft |  | Date issued |  |

**Additional information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pupil Premium | |  | High Needs Funding Band |  |
| Current attendance: |  | | | |

**Section 3: Support request**

**Area(s) of need identified within the plan where support is required to better understand how to implement the provision detailed in Section F.**

|  |  |
| --- | --- |
| **Area(s)s of need** |  |
| Communication and interaction |  |
| SLCN |  |
| Cognition and learning |  |
| SpLD |  |
| Social, emotional and mental health |  |
| Sensory / Physical (i.e *clinically diagnosed sensory loss and* ***not*** *sensory processing difficulties)* |  |

|  |
| --- |
| Please identify which specific part(s) of Section F you need support to better understand how to implement: |
|  |

**Section 4: Referrer’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Forename |  |
| Role |  | Telephone |  |
| School |  | | |
| Address |  | | |
| Email |  | | |
| Signature |  | Date |  |

**Please complete details and permissions below.**

**Section 5: Parent / carer details and permissions**

Full name(s) of all persons with legal parental responsibility / carers (with addresses if different) and relationship to the pupil must be provided for this request to progress.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | Forename(s) | |  | |
| Title |  | | Relationship to child | | |  |
| Address (if different from pupil’s) | | | Parental responsibility? | | | Choose an item. |
|  | | | Telephone |  | | |
| Mobile |  | | |
| Postcode | |  | Email |  | | |
| Home language | |  | Interpreter needed? | YES / NO | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | Forename(s) | |  | |
| Title |  | | Relationship to child | | |  |
| Address (if different from pupil’s) | | | Parental responsibility? | | | Choose an item. |
|  | | | Telephone |  | | |
| Mobile |  | | |
| Postcode | |  | Email |  | | |
| Home language | |  | Interpreter needed? | YES / NO | | |

|  |  |
| --- | --- |
| Are any other communication adaptations required for parents/carers? If yes, please describe. | YES/NO |

**Section 6: Parent / carer permissions**

I / We the parent(s) / carer(s) are in agreement with the information included in this form and understand that:

* The referrer may attend a meeting about this pupil on our behalf regarding the information shared in this form.

**Parent(s) / carer(s) signature**

Typed signatures will not be accepted.

|  |  |  |  |
| --- | --- | --- | --- |
| **I confirm that I have read all the information on this form, including the SCC CYP Privacy notice** <http://www.suffolk.gov.uk/CYPprivacynotice> | | | |
| Signature |  | Date |  |
| Signature |  | Date |  |

**All information contained within this referral form must be shared with the parent(s) / carer(s) and a signature must be obtained.**

**Forms will be returned and not processed until a signature is obtained.**