Hull Clinical Commissioning Group[](https://pbs.twimg.com/profile_images/827171968759824385/9D2gcB7H_400x400.jpg)

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| **Educational Settings Advice to Inform EHC Needs Assessment** | | |
| **Learner’s Name** | **Date of Birth** | **UPN** |
|  |  |  |
| **Name of professional providing advice** | **Designation** | **Date** |
|  |  |  |
| **Email** | **Telephone Number** | **Address** |
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| **SECTION B: IDENTIFIED SPECIAL EDUCATIONAL NEEDS** |
| **Please include any updates/changes to information submitted as part of EHC Needs Assessment Request.** |
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| **SECTION E: OUTCOMES SOUGHT FOR THE LEARNER** | | | | |
| **In considering what is important for the learner, please specify outcomes sought for the child/young person. Outcomes should be SMART and linked to the learner’s aspirations.**  *(E.g. By the end of this key stage, Ralph will initiate a conversation with a peer at least once per week during mainstream lesson without any adult prompts.)* | | | | |
| **Longer term outcomes:** | | | | |
| **1.** | The learner will be able to… | | **By when:** |  |
| What difference will this make?  What will be the impact? |  | | |
| **2.** | The learner will be able to… | | **By when:** |  |
| What difference will this make?  What will be the impact? |  | | |
| **3.** | The learner will be able to… | | **By when:** |  |
| What difference will this make?  What will be the impact? |  | | |

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| **SECTION F: EDUCATIONAL PROVISION** | | |
| **Type of support/provision.**  **What is the educational provision required?**  *Please detail provision above and beyond Quality First Teaching and universal provision* | **Timescales/**  **frequency**  *How often will this happen and for how long?* | **Who will provide this support?** |
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Please return this form to the SEND Assessment and Review Team via the EDT or secure email to [SEND@HullCC.gov.uk](mailto:SEND@HullCC.gov.uk) or by mail to: SEND Assessment & Review Team, Hull City Council, Brunswick House, Strand Close, Beverley Road, Hull, HU2 9DB