|  |  |  |  |
| --- | --- | --- | --- |
| **Date went to SEND Panel** | \_\_ / \_\_ / \_\_ | **Date went to Care Panel:** | \_\_/\_\_/\_\_ |
| **Date authorised by Head of SEND**  **(attach proof)** | \_\_/\_\_/\_\_ | **Date went to Joint Funding Panel:** | \_\_/\_\_/\_\_ |
| **Date authorised by Social Care (if relevant)** | \_\_/\_\_/\_\_ | **Date authorised by Health (if relevant)** | \_\_/\_\_/\_\_ |
| **Commissioning and funding parties:** | | Education / Health / Care | |
| **EHCP Coordinator name, email and phone number:** |  | **Team Leader**  **name, email and phone number::** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Child/ Young Person name** |  | **Current education setting** |  |
| **Date of birth** |  | **Year group** |  |
| **Open to Social Care** | Yes/ No | **Social Care Team** |  |
| **Looked After Child** | Yes/ No | **Care Act Section** | Section 20/ Section 31 |

|  |  |  |  |
| --- | --- | --- | --- |
| **SEN Category** | C&L/ C&I/ SEMH/ PD | **SEN Primary Need** |  |
| **Medical diagnoses** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date consultations to be sent:** | \_\_/\_\_/\_\_ | **Date placement needs to start:** | \_\_/\_\_/\_\_ |
| **Last Final EHCP date:** | \_\_/\_\_/\_\_ | **Attached?** | Y / N |
| **Draft Amended Final to consult with:** | \_\_/\_\_/\_\_ | **Attached:** | Y / N (if N why not?) |
| **Annual Review date:** | \_\_/\_\_/\_\_ | **Attached?** | Y / N |
| **Accompanying reports of Annual Review or appendices (please list author, date and profession)** |  | | |
| **Type of placement to be sought?** | e.g 38 weekly residential SEMH specialist / 52 week residential PMLD / day specialist ASD | | |
| **Specific characteristics to be sought:** | e.g access to speech and language therapy on a weekly basis / CBT | | |
| **Consultation letter and form provided?** | Y / N | **Date consultation response due (15 days from date of letter):** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current funding** | **Element 1** | £ | **Indicative costs forecast for placement** | £ |
| **Element 2** | £ |
| **Element 3** | £ |
| **Young person/ Parental preference** |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Specified settings you need to consult: e.g parental preference** | | | | | |
| **Name and type of setting** | **Section 41 registered?** | **Date sent** | **Offer of place?** | **Sent to EHC Coordinator?** | **Pursue?** |
| e.g The Mulberry Bush School, Specialist SEMH age 5-13 |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Settings consulted: e.g placement search** | | | | | |
| **Name and type of setting** | **Section 41 registered?** | **Date sent** | **Offer of place?** | **Sent to EHC Coordinator?** | **Pursue?** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **EHCP Coordinator to provide summary information – concise summary of background and reason for seeking placement** |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Shortlist** | | | | | | |
| **Name** | **Type** | **Age range** | **Can needs be met?** | **Distance** | **Travelling costs (EHCP Coordinator to provide)** | **Placement costs** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Allocated placement:** |  | **Placement start date:** |  |
| **Date Draft Amended EHCP finalised and issued naming new placement?** | **EHCP Coordinator to complete** | **Travel discussed?** | **EHCP Coordinator to complete** |
| **Date Contract issued?** |  | **Travel mode agreed and application completed if necessary?** | **EHCP Coordinator to complete** |
| **Funding split agreed:** | **Ed:** | **H:** | **Sc:** |
| **Date signed Contract received:** | **\_\_/\_\_/\_\_** | **Annual Review due:** | **\_\_/\_\_/\_\_** |
| **Date capita updated with new placement and provision?** | **\_\_/\_\_/\_\_** |  |  |