

**REQUEST FOR**

**CONSIDERATION OF STATUTORY ASSESSMENT (COSA)**

**Professionals completing this form are requesting that the Local Authority SEND Commissioning Panel consider a full assessment of need as defined in the Code of Practice 2015.**

**Completion of the form is NOT a direct request for additional funding.**

**The form, and its supporting evidence, will be considered at a Panel meeting where professionals from Education, Health and Social Care will decide whether the presented learner’s needs indicate that a full statutory assessment is required in order to plan provision.**

**It is ESSENTIAL that all evidence listed on the accompanying checklist is provided AT THE SAME TIME as the request form.**

**The accompanying guidance should also be used when completing the request form to ensure all relevant information is included.**

This is a checklist of the essential and additional information needed. The Panel will not consider the request unless ALL the information listed below as essential is included. Where the box is grey, the evidence will be presented within the paperwork named at the top of the column. So, for example, the rationale for requesting a COSA is included within the request form.

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|  | **Essential Evidence** | **Request Form** | **Appendix** |
| 1 | Completed referral form, including parental consent (NB parental responsibility) |  |  |
| 2 | Parent/Carer views of the needs of the child/young person and the progress they are making. Please include their short and long term aspirations |  |  |
| 3 | Pupils views of their needs; the support they feel helps them and what more they need |  |  |
| 4 | Rationale for requesting for a statutory assessment |  |  |
| 5 | Attendance record for the past 12 months |  |  |
| 6 | Provision map/SEN Support plan showing:* 2 cycles of APDR (over 2 terms)
* The use of appropriate resources and equipment to access the curriculum.
* Class/subject teacher planning demonstrating differentiation suitable to need and QFT
* advice/expertise from SENCO/specialist school based staff
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| 7 | Timetable of a typical week showing support provided and GROUP SIZE/Ratio, including detail about provision in place that is different or additional to what is available to other learners |  |  |
| 8 | Relevant and recent reports from a suitably qualified specialist involved (past 12 months) eg Educational Psychologist, Speech and Language Therapist, Physiotherapist, OT, CYPS, ASD/Behaviour specialists, Communication/Literacy specialists, Sensory Support specialists, Portage |  |  |
| 9 | For EY, evidence of consultation with EY Inclusion Consultant |  |  |
| 10 | Evidence of tracked progress/attainment over time and how this differs from others of the same age |  |  |
| 11 | Reviews of SEN Support - must include intervention plans, evidence of progress, reports/minutes of a series of meetings held with family/learner over the past 12 months. MUST include evidence of impact of interventions |  |  |
| 12 | Evidence of Early Help/Hub referrals with actions and outcomes (from past 12 months), if these have taken place |  |  |
| 13 | Relevant information relating to any identified Social Care needs |  |  |
|  | **Additional Information (as applicable)** |  |
| 14 | SUMMARY of behaviour log with analysis; triggers, strategies employed and effectiveness of behaviour plan in place |  |  |
| 15 | Individual Health Care Plan |  |  |
| 16 | If at risk of exclusion, evidence of graduated response as described by Inclusion Team |  |  |

All written documentation must follow information governance guidelines and be:

* Signed, including designation
* Dated
* On headed paper if from an organisation, school or setting
* Shared with parents / carers

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| **SECTION 1 Child/Young Person and Family Details** |
| **Family Name** |  | **Forename** |  |
| **Date of Birth** |  | **NC Year Group** |  |
| **Educational Setting** |  |
| **Date of admission** |  | **UPN** |  |
| **Home Language** |  | **Gender** |  |
| **Name of parents/carers currently living with child/young person** |  | **Telephone number** |  |
| **Relationship to CYP** |  | **Contact Email address** |  |
| **Home Address****inc postcode** |  |

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| **Is the child/young person Looked After (LAC)** | **Yes/No** |
| **Is the child/young person a Child in Need or subject to a Child Protection Plan?** | **Yes/No** |
| **If yes to either, responsible local authority and named Social Worker** |  |
| **Is there an EHA in place?** | **Yes/No** |
| **If yes, who is the lead professional?** |  |

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| **Attendance (percentage for current academic year)** |  |
| **Comments** |  |

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| **SECTION 2 Referrer Details** |
| **Name** |  |
| **Educational setting/School name** |  |
| **Email address** |  |
| **Role** |  |

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| **SECTION 3 Professionals Involved****This should include any involved over past 12 months, even if the piece of work is complete.****If you are using and submitting the County SEN Support Plan as part of your application, the inclusion of section 3 in full provides sufficient detail and there is no need to complete the box below. If not, please complete in full.** |
| **Service** | **Name** | **Contact Details** | **Dates of involvement** |
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| **SECTION 4 All About Me** |
| If you are using and submitting the County SEN Support Plan as part of your application, section 2 may be submitted as evidence for this. If not, please submit a One Page Profile which includes the following information/views:* People like and admire me because….
* I enjoy….
* These things are important to me….
* These things are not working well….
* It would be better if….
* In the future I would like….

Examples of One Page Profiles can be found within the Graduated Approach Guidance, or on line. For EY, refer to the toolkit for an example Please note that an adult can complete this on behalf of a child who is unable or unwilling to do so. It should be indicated on the profile when this has been the case. |
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| **SECTION 5 Description of Needs (as recorded on SEN Register)** |
| **PLEASE ONLY TICK ONE BOX FOR PRIMARY NEED. It is important that you decide this based on evidence/advice and that it is agreed by all involved, and that it matches what has been recorded on the school SEN register. All secondary needs that apply can be ticked.** |
| **Type of SEN** | **Categories** | **Primary Need** | **Secondary needs** |
| Communication and Interaction | Speech Language and Communication (SLCN) |  |  |
| Autism Spectrum Disorder (ASD) |  |  |
| Cognition and Learning | Specific Learning Difficulties (Dyslexia)(SpLD) |  |  |
| Moderate Learning Difficulties (MLD) |  |  |
| Severe Learning Difficulties (SLD) |  |  |
| Profound and Multiple Learning Difficulties (PMLD) |  |  |
| Social Emotional and Mental Health | Social Emotional and Mental Health Difficulties |  |  |
| Sensory and Physical | Hearing Impairment (HI) |  |  |
| Vision Impairment (VI) |  |  |
| Multisensory Impairment (deafblindness) (MSI) |  |  |
| Physical Disability (PD) |  |  |

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| **Relevant background information:** |
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| **Communication and Interaction** |
| **Strengths** | **Concerns**  |
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| **Cognition and Learning** |
| **Strengths** | **Concerns** |
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| **Social Emotional and Mental Health** |
| **Strengths** | **Concerns** |
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| **Sensory and Physical** |
| **Strengths** | **Concerns** |
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| **Are there any health needs? If so, how are they impacting on the learning of the child/young person?** |
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| **Social care information to be gathered through conversations with the CYP/Family/setting and school staff** |
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| **Further Social Care information where the learner is currently known to statutory Social Care, has been known to statutory Social Care or has an EHA open** |
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| **Summarise your reasons for requesting a COSA** |
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| **SECTION 6 Evidence of a Graduated Approach** |
| **If you are using and submitting the County SEN Support Plan as part of your application, evidence of your interventions will be recorded in sections 6 and 7. Submission of these pages demonstrating 2 cycles of APDR will be sufficient. For Early Years, you can submit Action Review Records from the toolkit reflecting 2 cycles of APDR.** **If you are not using either, please complete the tables below for CYCLE 1 and for CYCLE 2. You may need to copy and paste further tables as required. There should be enough tables to record all identified outcomes, provision etc from your SEN Support Plan** |

**CYCLE 1**

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| Outcome/target:  |  |
| What has happened to help me to achieve this? |  |
| Who did it?/Who advised us about it? |  |
| How often? (frequency and duration) |  |
| What resources were needed? (including costs) |  |
| Evaluation of Impact - has the outcome been fully met? Has what we have done worked? |  |

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| Outcome/target: |  |
| What has happened to help me to achieve this? |  |
| Who did it?/Who advised us about it? |  |
| How often? (frequency and duration) |  |
| What resources were needed? (including costs) |  |
| Evaluation of Impact - has the outcome been fully met? Has what we have done worked? |  |

 **PLEASE COPY AND PASTE SUFFICIENT BOXES TO COVER ALL OUTCOMES**

**CYCLE 2**

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| Outcome/target: |
| What has happened to help me to achieve this? |  |
| Who did it?/Who advised us about it? |  |
| How often? (frequency and duration) |  |
| What resources were needed? (including costs) |  |
| Evaluation of Impact - has the outcome been fully met? Has what we have done worked? |  |

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| Outcome/target: |
| What has happened to help me to achieve this? |  |
| Who did it?/Who advised us about it? |  |
| How often? (frequency and duration) |  |
| What resources were needed? (including costs) |  |
| Evaluation of Impact - has the outcome been fully met? Has what we have done worked? |  |

**PLEASE COPY AND PASTE SUFFICIENT BOXES TO COVER ALL OUTCOMES**

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| **SECTION 7 Child/Young Person’s previous and current academic progress** |
| **It is essential that the Local Authority has information related to progress and attainment. Schools and settings use different tracking and monitoring mechanisms, all of which may be cited as appropriate in order to ensure that a summary of progress over time can be provided below:** |

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| **Time frame** | **Subject or assessment measure** | **Age related expectation** | **Learner working at** |
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| **SECTION 8 Information Sharing** |
| In line with the SEND Code of Practice, the Local Authority must notify and gather information from relevant professionals about the education, health and care needs of the child/young person named above. This will include gathering information from and sharing information with:* Health services
* Social Care services
* Educational and training providers
* Educational Psychologists
* Other professionals involved with the child or young person.

In addition, we will need to record aspects of the data in order to help with monitoring and for service planning purposes.Information will be shared in line with the County Council policies on Information Governance, ensuring that personal and sensitive personal data is shared with due regard to confidentiality. We will need to keep the information until your learner reaches their 33rd birthday, as stated in the Children’s Services Policies.By signing this referral form:-you agree to the sharing of information -you confirm that you have seen all the documents being submitted **Do you have parental responsibility? Yes ⬜ No ⬜****If no, who does?....................................................................................................................................****Name****Signature****Date** |

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| **Learner consent** |
| **If the learner is over 16 years of age and has mental capacity, they must also sign this themselves giving consent for the application:****Name****Signature****Date** |

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| **SECTION 9 Headteacher/Setting Leader Declaration** |
| **I confirm that I have checked that the essential evidence is all included with this application, and that the form is completed as appropriate. In line with the SEND Code of Practice (2015) education settings are advised to discuss the request for an EHC needs assessment fully with parents/carers and young people before submitting to the Local Authority. I confirm that parents/carers have seen all evidence and documentation being presented as part of this application.**Please select one of the following options:I am happy that this information forms the views of our school/setting should this request be taken forward for a full statutory assessment of need **⬜**I would like the opportunity to present further information if the application is taken forward for a statutory assessment of need  **⬜****Name****Signature****Date** |

**PLEASE NOTE:**

ALL PAPERWORK SHOULD BE SUBMITTED IN ONE BUNDLE. At present, it is preferable for all to be submitted on paper via the courier. If it needs to be sent electronically, please scan it into ONE document and submit it to sen@northumberland.gov.uk



**Parent/Carer Views - Request for a Consideration of Statutory Assessment (COSA)**

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| Child’s name |  |

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| Current school/setting |  |

By the time you are being asked to complete this form, you will have already been involved in discussions with school staff about your child’s progress and what is being put into place to support them. Your thoughts will have been recorded as part of the planning up to this point, and the school SENCo will have recorded and included these thoughts in the request form.

This form asks you to think about some direct questions. You can, of course, ask someone to help you fill it in if you wish. It will be included when the school submits the request. If the decision is made to carry out the statutory assessment (for EHCP), you will be asked to provide more advice, in more detail.

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| What do you think about your child’s progress? |
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| What are your child’s difficulties? What do you think they need help with? Are there any barriers to learning at the moment? |
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| What additional help (beyond what is already being provided) do you think would make a difference? |
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| How does your child feel about going to school? |
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| Please use this box to write anything else that you think is important |
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**Please feel free to add copies of any specialist reports that you have received, and return the form and any reports to school for them to send in to the Council with their completed forms.**

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| **Name …………………………………… Do you have parental responsibility? Yes** [ ]  **No** [ ] **Signature………………………………...****Date……………………………………….** |