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| **Please provide the following information when requesting an EHC needs assessment** | **Please Tick** |
| Appropriately signed request form *– SENCO/ Headteacher* |  |
| Consent form |  |
| Pupil Centred Plan (to include short term outcomes) |  |
| Plan Do Review |  |
| Costed Provision Map |  |
| Medical Questionnaire |  |
| One Page Profile |  |
| All about me/ all about us - *completed by family (optional at this stage)* |  |
| All recent professional advice that has informed identification and provision at SEN Support |  |
| *where there is no known social worker* - Whole Family Webstar/Early Help Plan |  |
| Health advice *– including any school nurse involvement* |  |
| Any other appropriate professional/external agency advice |  |

[request-checklist.docx](https://shropshire.gov.uk/media/8833/request-checklist.docx)