

# **SEND – A graduated Response**

# **Tees Valley Education Trust**

| Version:                    | 1.0             |
|-----------------------------|-----------------|
| Next review date:           | July 2026       |
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| Statutory (Y/N):            | Υ               |
| Published on website (Y/N): | Υ               |
| Type of document:           | Policy          |
| Approved by:                | Trust Board     |

### 1. Introduction

The special educational needs of the great majority of pupils should be met effectively within mainstream settings without the LA needing to make an Education, Health and Care (EHC) Needs Assessment.

The following graduated response supports the academy in deciding whether a child should be placed on SEN support, or whether, after the collection of evidence, an EHC assessment may be required. This guide should be read in conjunction with the TVED SEND Policy & Procedure document.

For the purposes of our Academy, and to meet the needs of our children, we have developed the following graduated response to ensure early intervention. Within this there are four stages:

### **Graduated Response**

| Cause for Concern   | Diary Child   | SEN Support / SS Plan  | ЕНСР  |
|---|---|--|---|
| This is the first stage on the graduated response, if after all ordinarily available provision (Appendix A) has been utilised but not had the required impact, over time.  If professional 'alarm bells' begin to ring and staff are concerned about a child, evidence is then collected, and staff will highlight on planning /assessments areas of concern. You should be able to evidence that they have had what is ordinarily available to all children. Quality of teaching will be considered before deciding if a child has SEND. | This stage is for internal monitoring and assessment and will help build a picture of any child who may be registered at the SEN support stage. At this stage, the child will be able to access internal intervention and individual targets/SEMH plan will be written to track progress, intervention and to support ordinarily available provision. Teachers must be able to evidence ordinarily available provision, support given and interventions (quality will be considered). There may be some initial assessments by external agencies. | This is where formal SEND registration and support begins. The child will have individual targets and be closely tracked. School registration forms will now be completed with parent/guardian and the child will be registered on Sims as having a SEN. External agency report may be required to build the picture of evidence and support required. | There will now be a growing picture of evidence in terms of support, assessments and multi-agency work. At this stage the SEND team will lead the referral, and the meetings required to gain an EHC needs assessment |

The Graduated Response Quick Guide should help determine whether a child does need registering. Please use the identification document by referring to the relevant section. Bring this along with evidence of the ordinarily available provision you have provided, over a period of at least 6 weeks, to the SEND team and we can discuss next steps, for example:

- Work
- Observations
- Records of intervention

- Specific reference to support given in planning
- Diary Targets
- Assessments and progress rates

You do not need to complete all areas of SEN, just focus on the area/s of need that are most relevant to the child.

# 1. Graduated response for learning – quick guide

| Cause for Concern  | Diary Child   | SEN Support   | ЕНСР  |
|--|---|---|---|
| If professional 'alarm bells' begin to ring, and you are concerned about a child, begin to collect evidence and highlight on your planning/assessment's areas of concern   | If a child continues to make little or no progress over time (2 terms) despite ordinarily available provision, adaptations and interventions, then continue to use the graduated response to begin the process of support   | At this stage we need to carry out assessments and gather evidence showing a lack of progress over time (3+ terms). This shouldn't be the first time we have considered the child using the graduated response.  A SEN Support Plan should be written following the LA/trust agreed template, reviewed each term  | If an EHC Plan is needed, the school must have evidence over time of interventions, support in place and lack of progress and attainment. By now, as a team we should have a growing bank of evidence to support the application and a comprehensive SEN support plan that will form the basis of the EHCP  |
| Points to consider:  | Points to consider:   | Points to consider:   | Points to consider:   |
| <ul> <li>Beginning to fall behind age related expectations</li> <li>Lack confidence in some areas of learning</li> <li>Difficulty accessing some curriculum areas</li> <li>Pupil may be withdrawn and have difficulties with social interaction</li> <li>Slow or zero progress</li> </ul>  | The child has difficulty in acquiring skills notably in language, literacy and numeracy skills (or early development skills) despite appropriate teaching and good attendance record  Some evidence of lack of confidence in one or more areas  The child requires some level of extra support to access the curriculum  Shows some lack of understanding in language and comprehension which may affect more than one area of learning  Pupil may show frustration | <ul> <li>Sustained low levels of attainment in one or more areas</li> <li>Inadequate progress despite classroom and internal interventions</li> <li>Evidence of lack of confidence in one or more areas</li> <li>The child requires high levels of extra support to access the curriculum</li> <li>The child lacks understanding in language and comprehension which may affect all areas of learning</li> <li>Pupil may be withdrawn, isolated, uncooperative or attention seeking</li> </ul>                      | <ul> <li>The child is well below age related expectations in more than one area</li> <li>Little or no progress has been made</li> <li>Evidence of additional spending on interventions and support is available from the SEND team (HNF)</li> <li>SEN support plan/provision mapping shows clearly the level of support given over and above what is ordinarily available plus intervention and support including the involvement of other professionals</li> </ul>   |
| Actions:   | Actions:  | Actions:  | Actions:  |
| <ul> <li>Adapted learning</li> <li>Ordinarily Available Provision</li> <li>Advice and guidance from the SEND team</li> <li>Teacher to speak to parent/guardian about your concerns and record any concerns the parent/guardian may have with regards to home (this dialogue will continue at every stage). Keep a record of this dialogue through CPOMs and on graduated response</li> </ul> | <ul> <li>Adapted learning and classroom interventions</li> <li>SEND team observation to give advice and guidance</li> <li>Individual targets written/action plan</li> <li>Learning and language team assessment</li> <li>Speech and language assessment</li> <li>Internal intervention (e.g. Lexia, Numbers count, Starfish, Beanstalk reading, Behaviour)</li> <li>SENDCO awareness at the end of the review period, move to SEND registration</li> </ul>          | <ul> <li>SEN Support Plan in place</li> <li>Internal and external intervention which is over and above what is ordinarily available</li> <li>Language and Learning team assessment and intervention work</li> <li>Educational Psychologist Assessment</li> <li>Possible CAMHS assessment</li> <li>Speech and language assessment and intervention</li> <li>SEMH Intervention</li> <li>Possible Common Assessment Framework (CAF) assessment</li> <li>Possible High Needs Funding application to LA (HNF)</li> </ul> | <ul> <li>SEND team will collate and gather the evidence from reports, assessments and progress over time.</li> <li>A Referral Planning Meeting will be organised and a decision about whether an EHCP application is appropriate will be made</li> <li>The process of acquiring an EHCP will be led by one of the SEND team along with other professionals, parent/guardian and class teachers</li> <li>An EHCP supersedes a SEN support plan but outcomes and steps to achieve these outcomes should be clear and linked to the child's daily learning and progress (a child does not need a SS plan and an ECHP)</li> </ul> |

## 1a - Graduated response SEMH – quick guide

| despite some adaptations and/or interventions, then continue to diary child and dentify individual targets dentities agraduated response document  Presentation  Fresentation  Fresentation  Fresentation  Fresentation  Behaviours that are low frequency and/or low intensity over time, begin to monitor and complete cause for concern document  Behaviours wall persist despite appropriate tier 1 strategies being in place  Prequent playground incidents  I nattentiveness  Defensiveness  Change in behaviour  I nation  Prequent playground incidents  I nattentiveness  Defensiveness  Change in behaviour  Please see SEMH Appendix B for further presentations  despite some adaptations and/or interventions, support assessments are required to gather evidence. A SEN Support Plan should be written following the LAFArtus agreed template in conjunction with both the SENDCO and SEMH lead  Presentation  Presentation  Presentation  Presentation  Behaviours likely to be similar to Tier 2 but more persistent, frequent and/or intense in nature. Long-term use of tier 1 and 2 strategies being in place  Presentation  Behaviour bear viction with both the SENDCO and SEMH lead  To tier 1 but increasing in frequency and/or intensity.  Behaviours will persist despite appropriate tier 1 strategies being in place  Presentation  Behaviour bear viction with both the SENDCO and SEMH lead  To tier 1 but increasing in frequency and/or intensity.  Behaviours will persist despite appropriate tier 1 strategies being in place and ack of progress towards targets. By now, as a tem, we should have a growing bank of evidence to comprehense SEN support plan that will form the basis of the EHCP  Presentation  Behaviours similar to Tier 2 but more persistent, frequent and/or intense in nature. Long-term use of tier 1 and 2 strategies being in place speaked to more than one agrowurs are likely to end the exception of the EHCP  Presentation  Behaviours similar to Tier 2 but more persistent, frequent and/or intense in nature. Long-term use of tier 1 and 2 strategies |   |  |   |   |
|--|---|--|---|---|
| If children are presenting with continuing behaviours that are low frequency and/or low intensity over time, begin to monitor and complete cause for concern document  Behaviours may include:  Avoiding work  Poor resilience  Little enthusiasm  Frequent playground incidents  Inatentiveness  Defensiveness  Change in behaviour  Please see SEMH Appendix B for further presentations  Behaviours behaviours  Please see SEMH Appendix B for further presentations  Behaviours likely to be similar to Tier 2 but more persistent, frequent more persistent, frequent and/or intense in nature. Long-term use of tier 1 and 2 strategies have had little to no impact  Threatening behaviour  Persistent disruption  Frequent bullying behaviour towards others  Non-compliance  Deterioration in self-care  Aggression towards themselves and others  Inappropriate use of language  Regularly withdrawn or isolates from social situations  Impulsive behaviours in and forgetfulness  Excessive restlessness  Please see SEMH Appendix B for further presentations  Behaviours likely to be similar to Tier 2 but more persistent, frequent and/or intense in nature. Long-term use of lier 1 and 2 strategies have had little to no impact  Threatening behaviour  Frequent playground in self-care  Aggression towards others  Non-compliance  Deterioration in self-care  Aggression towards thers  Inappropriate use of language  Regularly withdrawn or isolates from social situations  Impulsive behaviours inc. inability to take turns  Poor relationships  Fixed-term exclusions  Disorganisation and forgetfulness  Excessive restlessness  Please see SEMH Appendix B for further presentations  Behaviours will impact on child's infrastructures (school, and/or intensity.  Behaviours will impact 1 and 2 or strategies bearing and/or intense in nature. Long-term use of likely to be complex and from multiple origins, requiring specialist input from more than one agency  Frequent playsical harm caused to self and/or others  Frequent playsical harm caused to self and/or others  Regularly | If professional 'alarm bells' begin to ring and you are concerned about a child, speak to the SEMH/behaviour lead, begin to collect evidence and create a graduated response  | If a child continues to require support with their SEMH needs despite some adaptations and/or interventions, then continue to diary child and  | At this stage, if there has been little or no impact with interventions in place, specialist assessments are required to gather evidence. A SEN Support Plan should be written following the LA/trust agreed template in conjunction with both the SENDCO and SEMH  | If an EHC Plan is needed, the school must have evidence over time of interventions, support in place and lack of progress towards targets. By now, as a team, we should have a growing bank of evidence to support the application and a comprehensive SEN support plan that will form the basis of   |
| continuing behaviours that are low frequency and/or low intensity over time, begin to monitor and complete cause for concern document  Behaviours may include:  Avoiding work Poor resilience Little enthusiasm Blaming others-always their fault Frequent playground incidents Inattentiveness Defensiveness Change in behaviour Please see SEMH Appendix B for further presentations  To Ter 1 but increasing in frequency and/or intensity. Behaviours will persist despite appropriate tier 1 strategies being in place  In addition, the following may be seen:  Frequent bullying behaviours towards others Non-compliance Deterioration in self-care Aggression towards themselves and others Inappropriate use of language Regularly withdrawn or isolates from social situations Frequent playground incidents Defensiveness Defensiveness Thability to take turns Poor relationships Fixed-term exclusions Disorganisation and forgetfulness Execssive restlessness Please see SEMH Appendix B for further presentations  To Ter 1 but increasing in frequency and/or intensity. Behaviour side and/or intenset in nature. Long-term use of tier 1 and 2 strategies have had little to no impact  Threatening behaviour Significant damage to their environment Frequent physical harm caused to self and/or others Risk of permanent exclusion Risk of permanent exclusion Proof impulse control Rapidly fluctuating moods Sexualised behaviours Inability to sustain peer relationships Difficulty with functioning appropriately without close adult direction and support Characteristics of trauma Inability to regulate emvisoned in fixely to be complex and from multiple origins, requiring services). Some behaviours Frequent and/or others Risk of permanent exclusion Proof impulse control Rapidly fluctuating moods Sexualised behaviours Rapidly fluctuating moods Sexualised behaviours Inability to sustain peer relationships Difficulty with functioning appropriately without close adult direction and support Characteristics of trauma Inability to regulate emuse of tier 1 and 2 Significa | Presentation  | Presentation   | Presentation  | Presentation  |
| pathway and need is impacting on school life  Please see SEMH Appendix B   | continuing behaviours that are low frequency and/or low intensity over time, begin to monitor and complete cause for concern document  Behaviours may include:  Avoiding work Poor resilience Little enthusiasm Blaming others-always their fault Frequent playground incidents Inattentiveness Defensiveness Change in behaviour | to Tier 1 but increasing in frequency and/or intensity. Behaviours will persist despite appropriate tier 1 strategies being in place  In addition, the following may be seen:  • Frequent bullying behaviours towards others • Non-compliance • Deterioration in self-care • Aggression towards themselves and others • Inappropriate use of language • Regularly withdrawn or isolates from social situations • Impulsive behaviours inc. inability to take turns • Poor relationships • Fixed-term exclusions • Disorganisation and forgetfulness • Excessive restlessness | more persistent, frequent and/or intense in nature. Longterm use of tier 1 and 2 strategies have had little to no impact  Threatening behaviour Persistent disruption Significant damage to their environment Frequent physical harm caused to self and/or others Risk of permanent exclusion Prolonged emotional distress Poor impulse control Rapidly fluctuating moods Sexualised behaviours Inability to sustain peer relationships Difficulty with functioning appropriately without close adult direction and support Characteristics of trauma Inability to regulate emotions Referral onto the neuro pathway and need is impacting on school life | child's infrastructures (school, family, community, support services). Some behaviours are likely to be complex and from multiple origins, requiring specialist input from more than one agency  • Verge of permanent exclusion • Criminal behaviour in and out of school • Frequent use of positive handling strategies • Reacting aggressively in social situations • Rapidly fluctuating moods • Evidence of trauma • Self-neglect • Withdrawal from most activities in or out of school, including individualised support/timetable • Possible diagnosis of neurological need which significantly impacts education and school life |

#### Actions:

- Teacher to hold discussions with the child (if appropriate), parent/guardian and behaviour/SEMH lead
- Record on CPOMs as SEMH
- Look for emerging patterns of behaviour
- Interventions/adaptations in place to support SEMH needs
- Initiate a graduated response

#### **Actions:**

- Continue with 'cause for concern' actions
- Complete SEMH support plan
   diary child
- Set individual targets according to SEMH need and identify adaptations/support needed to achieve the targets

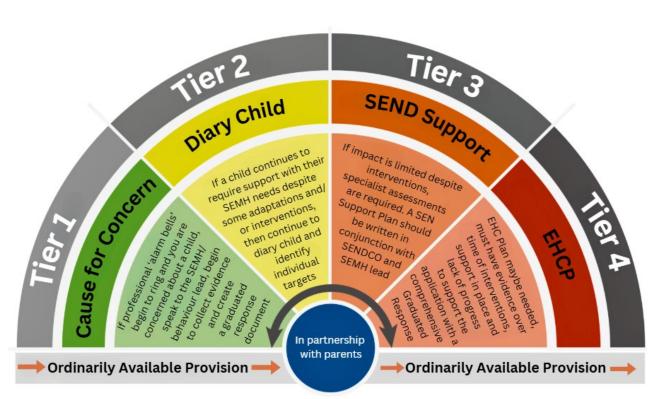
#### **Actions:**

- Continue all previous actions
- Move to SEN support on graduated response
- Meet with both the SENDCO and behaviour/SEMH lead
- Possible Ed
   Psych/CAMHs/Outreach referral
- Monitor individual targets and record the impact of interventions/adaptations

#### **Actions:**

- SENDCO to hold an RPM with parents and other professionals
- Teacher to ensure SS plan is up to date in preparation
- EHCP targets focused on
- SENDCO to arrange an annual review each year the child has an EHCP

At any of these stages, for a serious or persistent breach of academy behaviour policy (including a serious one-off offence) the Head teacher could use their delegated powers to implement other sanctions, as described in DfE guidance, eg Trust pastoral support plans (Appendix C), LA support, AP referral, Suspension or Permanent Exclusion.



**Graduated Response - SEMH** 

| Area of<br>SEND                    | Diary Children (Monitoring list/Individual targets/in school interventions)   | SEN Support (External Agency Involvement, gather evidence) SS Plan  |
|------------------------------------|---|---|
| Moderate<br>Learning<br>Difficulty | <ul> <li>Lower levels of attainment across the board, in all forms of assessment, than age equivalent peers.</li> <li>Continued difficulty in acquiring skills notably in language, literacy, and numeracy skills (or early development skills) despite appropriate teaching and good attendance record</li> <li>May have some associated difficulties notably in speech and language development and/or in social emotional development</li> <li>May have more difficulty in dealing with abstract ideas and generalising from experience than age equivalent peers</li> <li>Inadequate progress despite purposeful and appropriate Quality First Teaching</li> </ul>  | <ul> <li><u>Sustained</u> low levels of attainment across the board, in all forms of assessment, significantly below those of age equivalent peers.</li> <li>Difficulty in acquiring skills notably in language, literacy, and numeracy skills (or early development skills) despite <u>appropriate targeted interventions affecting access to the whole curriculum</u></li> <li>Usually has associated difficulties notably in speech and language development and/or in social emotional development</li> <li>Clear difficulty in dealing with abstract ideas and generalising from experience than age equivalent peers</li> <li>Inadequate progress despite purposeful classroom and internal interventions</li> </ul>  |
| Specific<br>Learning<br>Difficulty | <ul> <li>Low attainment in one or more curriculum areas, despite access to appropriate learning opportunities and which may be traced to difficulties in some aspects of underlying literacy and/or numeracy skills</li> <li>Continuing difficulties in acquisition of literacy/numeracy skills, phonological awareness and/or fine or gross motor skills</li> <li>Specific Learning Difficulties may be most obvious where there is a discrepancy with strengths in other areas e.g. verbal/comprehension skills/spatial awareness, but can occur across the full ability range</li> <li>Emerging evidence of difficulties in tasks involving specific abilities such as sequencing, organisation or phonological or short-term memory abilities</li> <li>Some evidence of lack of confidence in approaching learning tasks</li> </ul> | <ul> <li>Low attainment in one or more curriculum areas, despite access to appropriate learning opportunities and which may be traced to difficulties in some aspects of underlying literacy and/or numeracy skills</li> <li>Continuing difficulties in acquisition of literacy/numeracy skills, phonological awareness and/or fine or gross motor skills</li> <li>Specific Learning Difficulties may be most obvious where there is a discrepancy with strengths in other areas e.g. verbal/comprehension skills/spatial awareness, but can occur across the full ability range</li> <li>Emerging evidence of difficulties in tasks involving specific abilities such as sequencing, organisation or phonological or short-term memory abilities</li> <li>Some evidence of lack of confidence in approaching learning tasks</li> </ul> |
| Severe<br>Learning<br>Difficulty   | • N/A   | <ul> <li>Sustained low levels of attainment across the board in all forms of assessment significantly below those of age equivalent peers</li> <li>Difficulty in acquiring skills, notably in language, literacy and numeracy skills (or early development skills), despite appropriate targeted interventions, affecting access to the whole curriculum</li> <li>Associated difficulties in mobility and co-ordination, communication and perception and the acquisition of self-help skills</li> <li>May use sign and symbols but most will be able to hold simple conversations and gain some literacy skills</li> <li>Clear difficulty in dealing with abstract ideas and generalising from experience compared to age equivalent peers</li> </ul>  |
| PMLD                               | • N/A   | <ul> <li>Severe and complex learning needs</li> <li>Usually associated other significant difficulties such as physical difficulties of sensory impairment</li> <li>High level of adult support required for both learning and personal care needs</li> </ul>  |

| Area of<br>SEND                                 | Diary Children (Monitoring list/ individual targets /in school interventions)  | SEN Support (External Agency Involvement, gather evidence) SS Plan  |
|---|--|---|
| Autistic<br>Spectrum<br>Disorders               | <ul> <li>Learning Ability</li> <li>Mainly working within same level as peers. Occasional difficulty in learning in whole class teaching group. Needs some support to work on same task as peers</li> <li>Communication Skills</li> <li>Apparently good expressive language but may require individual instructions repeated if required to ensure instructions are not misinterpreted</li> <li>Socialisation</li> <li>Interested in peers. Attempts to interact but frequently 'gets it wrong.' Peers make allowances</li> <li>Behavioural Features</li> <li>Some distress when routines change, avoided if properly prepared. Mat exhibit other routines/rituals which may need managing/advice. Behaviour does not usually disrupt learning of self and/or others. Plays/works mainly alongside rather than with peers.</li> <li>Self-help/independent Living Skills</li> <li>Levels of development commensurate with age</li> </ul> | <ul> <li>Learning Ability</li> <li>Needs some adaptations and individual support. Better in small groups than in whole class structure. May be working at one level lower than peers in Key Stage</li> <li>Communication Skills</li> <li>Obvious language difficulties. Frequently needs instructions clarified. Needs visual support/prompts</li> <li>Socialisation</li> <li>Interested in peers but attempts to interact are bizarre or ineffective, or may be passive but able to respond to the approaches of others</li> <li>Behavioural Features</li> <li>Distressed when routines changed. Does exhibit behaviours which need managing. Behaviour may occasionally disrupt learning of self and/or others</li> <li>Self-help/independent Living Skills</li> <li>Evidence of delay in some aspects of the development of self-help/independent living skills</li> </ul> |
| Speech,<br>language<br>and<br>communi<br>cation | <ul> <li>Some delay/difficulties in verbal comprehension and/or spoken language and/or social use and understanding of language when compared to age equivalent peers</li> <li>Difficulties sometimes impeding effective communication with familiar people</li> <li>Some difficulty in conveying complex information</li> <li>Difficulties accessing some curriculum areas</li> </ul>   | <ul> <li>Obvious delay/difficulty in verbal comprehension and/or spoken language and/or social use and understanding of language, when compared to age equivalent peers</li> <li>Difficulties sometimes impeding effective communication with familiar people in context</li> <li>Able to convey simple information</li> <li>Child's needs impact on access to curriculum without school-based support</li> </ul>   |

## SEND Graduated Response – Sensory and Physical

| Area of<br>SEND                     | Diary Children (Monitoring list/ individual targets /in school interventions)  | SEN Support (External Agency Involvement, gather evidence) SS Plan  |
|-------------------------------------|--|---|
| Physical<br>Difficulty              | <ul> <li>Some physical needs. May need some help for personal activities</li> <li>Progress within the curriculum, but at lower levels than may be expected from performance on tasks where physical difficulty has less impact</li> <li>Ability to participate in most classroom activities, but problems in undertaking some tasks or activities</li> <li>Working at a slower pace than peers or signs of increasing fatigue during school day</li> </ul> | <ul> <li>Progress within the curriculum, but at lower levels than may be expected from performance on tasks where physical difficulty has less impact</li> <li>Ability to participate in most classroom activities, but problems in undertaking some tasks or activities</li> <li>Working at slower pace than peers or signs of increasing fatigue during school day</li> <li>Physical difficulty impacting on independent functioning in some curricular areas and around the learning environment</li> <li>May need help/supervision/support for self-help skills e.g. toileting</li> </ul> |
| Multi-<br>sensory<br>impairm<br>ent | • N/A  | <ul> <li>Range of complex needs that may affect all senses</li> <li>Usually other significant physical and/or medical difficulties – may have poor balance, limited movement, impaired sense of smell and under or oversensitive touch</li> <li>High level of adult support required for both learning and personal needs</li> </ul>  |
| Hearing<br>Impairm<br>ent           | <ul> <li>Progress within the curriculum, but at lower levels than might be expected from performance on tasks where hearing is not central</li> <li>Generally poor listening skills</li> <li>Physical changes such as persistent discharges from the ears, tilting of the head to maximise aural input</li> <li>On-going mild to moderate hearing loss (medical diagnosis), which is under investigation</li> </ul>  | <ul> <li>Pupil generally appears to make good use of personal aids, though difficulties may arise in noisy environments or where the speaker is at a distance</li> <li>Hearing loss may affect the pupil's social interaction</li> <li>He/she may have difficulty with new vocabulary and concepts</li> <li>Specific listening activities may give problems, e.g. tape work, spelling test</li> <li>Problems in following instructions/making self-understood</li> </ul>  |
| Visual<br>Impairm<br>ent            | <ul> <li>Deterioration in areas such as hand/eye coordination, excessive straining of eyes to read the board, watch the television</li> <li>Progress within the curriculum, but at lower levels than might be expected from performance on tasks where visual acuity is not central</li> </ul>   | <ul> <li>Progressive anxiety and tentativeness in certain physical activities and reticence about moving around the playground</li> <li>Able to participate in most classroom activities, but problems with those dependent on vision</li> </ul>  |

## **Education Health and Care Plan Needs Assessment**

### 2. Moving from SEN Support to an EHCP Needs Assessment:

The special educational needs of the majority of children should be met effectively within mainstream settings, (sometimes referred to as ordinarily available provision) without the need to refer to the Local Authority (LA) to make an EHC Needs Assessment. In a small number of cases, the LA will consider proceeding with a EHC Needs Assessment and then decide whether or not to issue an Education Health and Care Plan (EHCP).

An EHC Needs Assessment itself will not always lead to an EHC Plan. Before an EHC Assessment is made, a series of meetings and information gathering need to take place. The timescales of this process and the actual administrative procedures differ slightly from one LA to another. For more information about the EHC Assessment procedures and processes for the LAs that serve Tees Valley Education families, the LA links have been added below:

Middlesbrough LA EHC assessment procedures <u>EHCP - Referring for an Education, Health and Care Assessment | Middlesbrough</u>

Redcar & Cleveland LA EHC assessment procedures <u>Education</u>, <u>Health and Care needs assessments and plans</u> | Redcar and Cleveland

Stockton LA EHC assessment procedures <u>SEND Local Offer - Education, health and care plans (EHCP) - Stockton-on-Tees Borough Council</u>

### **Checklist: Evidence to be provided by the academy**

When making a request for an EHC Needs Assessment, the academy must clearly state the reasons for the request and submit the following evidence relating to the SEN Support stage:

- \* The views of parents and child
- \* Copies of relevant information relating to SEN provision (i.e. Short to medium term SEN targets and outcomes/ IEPs/SEN Support Plan)
- \* Evidence of progress over time
- \* Copies of recent (within 9 12 months) advice, where available, from Educational Psychologist, Health and Social Care
- \* Evidence of the involvement and views of professionals with relevant specialist knowledge and expertise outside the normal competence of the academy
- \* Evidence of the extent to which the academy has followed such advice

If you feel one of the children in your class needs such an assessment, there will already have been a sustained dialogue with the SEND team and other agency involvement over a sustained period of time. Therefore, evidence will already have been collected and together we will move forwards with the referral panel meeting and EHC needs assessment.