#### APPENDIX B (part 1)

**RHONDDA-CYNON-TAF COUNTY BOROUGH COUNCIL**

**EDUCATION ACT 1996**

##### STATUTORY ASSESSMENT OF SPECIAL EDUCATIONAL NEEDS

**EDUCATIONAL ADVICE**

**Please note – the information provided in this Appendix B will initially be used to inform the Statutory Assessment decision making process. If the decision is made to initiate the assessment, this form will then be used as the official educational advice to be included in the Proposed Statement. Should the assessment proceed, you will be given opportunity to submit further advice at this point in the process**.

**How we use your personal information**

The information obtained for the statutory assessment process will be used by the Access & Inclusion Service in line with the Council’s legal duties under Section 321 of the Education Act 1996 and the Special Educational Needs Code of Practice for Wales 2004.

To learn about how your privacy is protected and how and why we use personal information to provide services, please visit our service privacy notice here <http://www.rctcbc.gov.uk/serviceprivacynotice> and the Councils data protection pages here <http://www.rctcbc.gov.uk/dataprotection>.

# 1. Personal Details of the Pupil

|  |  |  |  |
| --- | --- | --- | --- |
| Pupil First Name: |  | Pupil Surname: |  |
| DOB: |  | Gender: |  |
| Address: |  |
| School: |  | Mainstream/Learning Support Class: |  |
| Year Group: |  | Age: |  |
| Ethnic Group: |  | Is the pupil ‘looked after’? | Yes/No (please circle) |

# 2. Personal Details of the Parents/Carers – This information must be completed to enable the process to be initiated.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Carer 1Name: |  | Parent/Carer 1 Date of Birth: |  |
| Relationship to child: |  | Parent/Carer 1 Gender: |  |
| Address: |  |
| Home Telephone Number: |  | Telephone / Mobile Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Carer 2Name: |  | Parent/Carer 2 Date of Birth: |  |
| Relationship to child: |  | Parent/Carer 2 Gender: |  |
| Address: |  |
| Home Telephone Number: |  | Telephone / Mobile Number: |  |

**3. Presenting Difficulties**

**Please identify the pupil’s main presenting special educational need. If there is more than one presenting need, please list in order of priority (1-3 only):**

|  |  |
| --- | --- |
| **Presenting Difficulties** | *Please tick /rate as appropriate:* |
| Complex Learning Difficulties |  |
| Specific Learning Difficulties |  |
| Social, Emotional and Behavioural Difficulties  |  |
| Speech and Language Difficulties |  |
| Social Communication and Interaction Difficulties (including Autistic Spectrum Disorder/Communication Disorder) |  |
| Physical and Medical Difficulties  |  |
| Visual Impairment |  |
| Hearing Impairment |  |

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| 4. Summary of main presenting needs: |
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| **5. Pupil strengths:** |
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| **6. Factors which may have contributed to the pupil’s difficulties (medical, developmental, social or educational factors):**  |
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| **7. Home factors (home language, parent/carer views, care arrangements if relevant):** |
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| **8. Record of any pre-school settings and schools attended:** |
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| --- |
| **9. Relevant school factors (school size, range of classes):** |
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| --- |
| **10. Record of current attendance (please provide figures):** |
|  |

**11. Level of functioning**

***Literacy and Numeracy***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Assessed Area** *(Please provide data from the last two assessments)* | **Assessment Used** | **Date of Assessment** | **Chronological Age** | **Standard Centile Score** | **Age Equivalent****Score** |
| ReadingAccuracy | Assessment 1 |  |  |  |  |  |
| Assessment 2 |  |  |  |  |  |
| ReadingComp. | Assessment 1 |  |  |  |  |  |
| Assessment 2 |  |  |  |  |  |
| Spelling | Assessment 1 |  |  |  |  |  |
| Assessment 2 |  |  |  |  |  |
| Numeracy | Assessment 1 |  |  |  |  |  |
| Assessment 2 |  |  |  |  |  |

***Foundation Phase/National Curriculum***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Foundation Phase Outcomes** | **Reception Baseline Scores** | **Current Scores** | **National Curriculum Area** | **Teacher Assessment** |
| **KS 2** | **KS 3** |
| Language, literacy & communication skills |  |  | Welsh *(first language)* |  |  |
| Mathematical development |  |  | English |  |  |
| Personal & social development, well-being & cultural diversity |  |  | Mathematics |  |  |

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| **12. Literacy and numeracy skills:** |
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| **13. Cognitive development:** |
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| **14. Speech, language and communication skills:** |
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| **15. Social, emotional and behavioural skills:** |
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| **16. Motor and sensory skills:** |
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| **17. Self-care and self-help skills:** |
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| **18. Approaches to learning (self-confidence, motivation, concentration):** |
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| --- |
| **19. Pupil’s views:** |
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| --- |
| **20. Support and monitoring at School Action/Early Years Action (SA/EYA) and School** **Action Plus (SA+) and Early Years Action Plus (EYA+)** |
| Date placed at School Action (SA) or Early Years Action (EYA) : |  |
| Dates of IEP reviews at SA / EYA involving parents/carers: | 1. | 2. |
| Date placed at SA+ / EYA+: |  |
| Dates of IEP review SA+ / EYA+ involving parents/carers: | 1. | 2. |

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| **21.History of school based interventions and support:** |
| **Period of** **Intervention** | **Nature of Intervention** | **Frequency/Duration****of Intervention**  | **Evaluation and Progress**  |
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| **22.** **External Agency Involvement:** |
| **Name** | **Agency** | **Date of Last Involvement** | **Report Attached** |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |

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| 23. Educational Objectives: |
| ***Short term*** |  |
| ***Long term*** |  |

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| **24. Educational Implications:** |
| 1. Proposed modifications and exemptions to the National Curriculum
 |  |
| 1. **Recommended teaching strategies and approaches**
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| 1. **Differentiation and curriculum organisation**
 |  |
| 1. **Specific programmes, activities, materials, equipment and staffing**
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| 1. **Need for staff advice and training**
 |  |
| **25. Recent supporting evidence MUST be included and some evidence is essential e.g.**  **\* must be included, \*\* at least one recent (<12 months) report from BSS or LSS needed** | Please tick if evidence is included |
| Evidence of school based interventions at SA/EYA and SA+/EYA+\* |  |
| 2 x Individual Education/Behaviour Plans or Personal Support Plans and reviews \*  |  |
| Assessment data over time\* |  |
| Analysis of behavioural logs/data\*- essential if primary need is emotional, behavioural or social  |  |
| Attendance data \* |  |
| Educational and Child Psychology reports (ECPS) \* |  |
| Behaviour Support Service reports (BSS) \*\* |  |
| Learning Support Service reports (LSS) \*\* |  |
| Medical reports and health care plans \* - essential if there are medical needs  |  |
| Occupational therapy reports/programme |  |
| Physiotherapy reports/programme  |  |
| Speech and language therapy reports/programmes  |  |
| Team around the Family assessment and plan |  |

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| **26. Declarations****Parent / guardian** I am aware and I understand that this form will be used as the school’s advice for the statutory assessment of my child. |
| Parent / guardian name: |  | Parent / guardian signature: |  |
| Date: |  | Additional notes: |  |
| **Headteacher** * I confirm that the information contained in this form (and any additional information attached) is accurate.
* I have made the parent/guardian aware of:
* how the personal data will be used to identify additional support if appropriate.
* how they can access their information rights and further information via the Data Protection pages of the Council’s website.
 |
| Head Teacher name: |  | Head Teacher signature: |  |
| Date: |  | Additional notes: |  |

**To be returned by:** **«Resp\_Due\_Date»**

**Please return to:**

### **Statementing & Liaison Officer**

### **Special Education Needs Administrative Service**

### **Access & Inclusion Service**

### **Ty Trevithick, Abercynon**

### **Mountain Ash, CF45 4UQ**