

5. Further Examples for EHCNA Request

Parental EHCNA Request Series



The following are further examples of the types of information and evidence that may be helpful for a parental EHCNA request. This should be used with the [other guidance in this series](#) including the template letter. For examples of requests for Specific SEN, please see page 3 onwards.

Section 1 (of template) - the child or young person has or *may have* special educational needs

List 1 (Refer to the 2nd of the EHC Request Series - Info & Evidence)

Further Examples – (in categories)

Background / Context:

Examples:

Billy was born prematurely and was a very restless baby. Development concerns were noted by Health Visitor. Portage was involved due to developmental delay worries and lack of speech. Billy seen by CDC aged 2 and referred to SALT. Nursery and school have had worries about Billy's behaviours and ability to cope in their setting.

Billy's older sibling has been diagnosed with Global Developmental Delay and ASC.

Communication / Interaction:

Examples:

- Is unable to maintain eye contact with anyone at school
- Finds it hard to process information unless it is given visually
- Will become easily angered if they cannot make people understand what they are saying

Cognition / Learning:

Examples:

- Cannot sit at a table without fidgeting for more than 5 minutes at a time
- Requires a TA to go through all new instructions at the beginning of a task
- Has not grasped number bonds to 10 despite using visual learning tools

Social, Emotional Mental Health (SEMH):

Examples:

- Will tend to become very cross, very quickly when things do not go their way
- Can spend a lot of time alone in their bedroom, refusing to eat, drink or communicate with family
- Cannot maintain friendships with peers as does not understand social cues, facial expressions and inferred comments

Sensory / Physical:

Examples:

- Is aggravated by loud noises and will react with anxiety and want to escape the situation by running off
- Struggles to see clearly, despite glasses – needs to be near the front of the room, directly looking at the board

Uncategorised

Examples:

- Been having several detentions recently for forgetting his pen/homework. When questioned he breaks down because he is really trying but is always forgetting something. – (see detention letters dated xx/xx/xx)
- Constantly being told off for being distracted. XX has always been a 'day dreamer' but gets upset as he/she tries to work really hard but cannot seem to stay focussed (especially in Maths and English). He/she doesn't want to go to those lessons anymore because of this – (See emails from teachers xx and xx)
- Had some GP / hospital visits recently as he/she has been complaining of severe stomach aches. However, they cannot seem to find anything physical but suspect severe anxiety – (see letter from XX dated xx/xx/xx).

Section 2 -

They *may* need special educational provision to be made through an EHC plan.

List 2 (Refer to the 2nd of the EHC Request Series - Info & Evidence)

Further Examples

The 2nd section of the Template letter is to explain why you feel an EHC plan is needed to support your child or young person in education or training.

Remember: *Provision = Support, Needs = Difficulties.*

Examples:

- Receiving a lot of support – nurture group, 1:1 support in Maths and English, etc but the school SENCO says they are giving the most they can and cannot afford anymore. See recent ILPs, costed provision map and emails (dated xx/xx/xx). XX is not making progress and is xx months behind in most subjects. An EHCP is required as more than SEN Support is needed.
- Keeps being excluded and school have tried all they can but are not sure why he is reacting this way.
- Has not been able to attend school for xx months due to anxiety, and nothing more school can do
- Specialist teaching is needed, which the school cannot provide
- Therapies are needed from external specialists (not school staff)
- Specialist equipment is needed
- There are no referrals or assessments imminent (i.e. on a waiting list and school are not sure what your child's needs are and do not know how to help)

- The current mainstream environment is incompatible with XX's needs and they may need more structured support over and above mainstream's SEN Support

Examples of Requests for Specific SEN

The following are examples or extracts of fictional EHCNA requests for specific SEN which may assist with creating the application letter.

Autism (ASD, ASC) with some Speech issues

Background

X was born prematurely and was behind his milestones all their life. X struggled to speak until he was 2.5 years and is still not able to be understood. X was diagnosed with Autism at the age of 4 years old and is on a waiting list with CAMHs for an ADHD diagnosis (school referred in 202X). I am extremely worried about X's mental health as he is a totally different child to a year ago especially since starting secondary school.

Communication / Interaction

- People struggle to clearly understand what X says
- Is unable to maintain eye contact with anyone at school
- Finds it hard to process information unless it is given visually

Cognition / Learning

- Cannot sit at a table without fidgeting for more than 5 minutes at a time
- Requires a TA to go through all new instructions at the beginning of a task
- Needs to know in advance about any change of routine to school day

Social, Emotional Mental Health (SEMH)

- Is unable to self-regulate emotions when faced with uncertain situations
- Will tend to become very cross, very quickly when things do not go their way
- Cannot maintain friendships with peers as does not understand social cues, facial expressions and inferred comments

Sensory / Physical

- Cannot tolerate any clothing around the neck, including buttons or a tie
- Is aggravated by loud noises and will react with anxiety and want to escape the situation by running off
- Wears a cochlear implant, requires a less noise-driven environment to be able to hear people correctly

Uncategorised

- Does not want to attend school – tells me it is just too hard
- Is constantly receiving detentions for minor issues

Part Two

Since year 5, school had consulted with the specialist ASC Team and an EP. They created an ISP for X and reviewed this termly with us both. **(ISPs for Year 5)**

They provided some small group work in both maths and literacy for X, but X really struggled to grasp any new concepts and is now 3yrs behind their peers in their attainment **(School Assessment data xx/xx/xx)**

The Designated Schools Team have been involved in trying to support X's wellbeing since Oct 202X. Although there was an initial improvement, X's anxiety and learning has continued to decline. School are now unsure what to do or try to help X.

Evidence

- ISPs for Year 5
 - School Assessment data xx/xx/xx
 - Autism Report xx/xx/xx
-

SEMH (e.g. Emotionally Based School Avoidance -EBSA)

BACKGROUND

X lives with all her family. Never had any emotional or physical issues growing up. All very stable. X excelled in Primary School, had a good set of strong friendships. Year 7 was ok, but once in Year 8 changed. Attitude became very 'I don't care', mood swings began as well as isolation from the family and friends. GP suggested anxiety but was not overly helpful.

Communication /Interaction

- Finds it difficult to interact with peers now
- Has been in frequent trouble for backchatting to staff

Cognition / Learning

- Despite being academically able, has not been completing work and is now falling behind
- Concerns raised by staff about attitude to learning which has changed dramatically in last six months

SEMH

- Displaying a lot of anxiety at home and refusing to attend school
- Spending a lot of time alone in bedroom
- No longer engaging in sport clubs at weekends
- Having outbursts of temper at slightest frustration

Sensory / Physical

- Likes to be wrapped up, duvet, blanket etc

Uncategorised

- Has just changed beyond all recognition
- Not interested in her usual life
- Is not able to tell what is at the root of the change
- After being a model student, is now receiving sanctions too regularly

Part Two

X has always been academically bright and able. Primary School seemed to be fine for her. The first year of secondary was ok, a few wobbles but the reports for Year 7 did not show any concerns.

Going back in Year 8, the mood changed, and X would become easily dysregulated and snappy after school and more reluctant to get up to go to school. I met with Pastoral and Head of Year to discuss this change in X. They too had noticed the

difference and had met with X and have put in regular check-ins with her but felt that she was not forthcoming.

In January, school referred X to the Thought-full Team, and EP service for advice. Strategies were given (**see email dated xx/xx/xx**) but X struggled to engage.

After this, it is now difficult to get X to attend school, I cannot physically force her out of the bedroom and into the car! School say that without being on the premises, they cannot provide any further support and do not know what more that they can do at this point. They have sent the Attendance Officer to home a few times, but this has not made any difference.

Evidence

- Year 7 report
- School email re strategies xx/xx/xx

ADHD

BACKGROUND

Older sibling has a diagnosis of Asc and there is suspected ADHD in one parent. X has always been a lively child, on the go from a very young age and needed to be kept a close eye on at all times. Spoke early and was very inquisitive. Primary School said that they felt it was hard to contain X in the classroom and with history of ADHD was referred to CAMHS aged 7. ADHD diagnosis confirmed aged 9.

Communication / Interaction

- Tends to overtalk everyone and will increase volume if not being heard
- Prefers to draw responses if unable to verbalise them

Cognition / Learning

- Constantly loses belongings and is rarely ready to learn at the start of lessons
- Unable to focus on tasks for long without playing with items causing distractions for others

SEMH

- Cannot keep friendships, becomes antagonistic to others who then pull away
- Feels very anxious and over-reacts to compensate

Sensory / Physical

- Cannot be around strong smells, such as food halls
- Dislikes loud environments, will wear noise cancelling ear plugs to try to drown out the world

Uncategorised

- Has received constant sanctions but is unable to explain why
- Does not sleep very well, late nights and struggles to get up in the morning

Part Two

Primary school sought advice from the LBAT team and encouraged the referral to CAMHS. LBAT strategies including a clear and visible timetable, use of fidgets, and a

desk in front of the teacher. These things were tried and helped a little (**ISP Yr 6 summer term**).

Once in secondary school however, with the larger environment, X was only given an exit pass to leave early / access corridor if needed to regulate. X is falling further behind academically. X shares an LSA with three others if they are scheduled to be in that subject lesson. X has a Pupil Passport, but this has not been reviewed for this year. X can attend a Safe Space but does not want to be seen as different (**ADHD Report xx/xx/xx**).

Teachers have been asked to sit X facing them, without any distractions, but X often is the distraction. School is now saying that they have tried everything that they can and are not sure where to go next. X is accruing a large number of detentions and sanctions in isolation, which only seems to make matters worse.

Evidence

- Year 6 SATs results dated xx/xx/xx
 - ADHD Report dated xx/xx/xx
 - ISP Yr 6 summer term
 - LBAT advice dated xx/xx/xx
-

DYSLEXIA

Part One

BACKGROUND

There were no issues with the birth. Slow to meet walking and talking milestones, but no one was too concerned at that point. In Nursery it was noted that kept having accidents falling over from equipment. Early Learning Goals were not all met, with mark-making / pre-writing and beginning to read flagged as worries. There is family history on paternal side of dyslexia and autism.

Communication / Interaction

- Will ask for help all the time from peers and staff with any task
- Is slow to respond to questioning, cannot find the words easily

Cognition / Learning

- Struggles to read - chronological age 8.2yrs, reading age is 5.3yrs (**Reading Assessment dated xx/xx/xx**)
- Unable to recall basic phonics when reading and writing (**Phonics Screening results dated xx/xx/xx**)
- Reversal of some numbers and letters
- Unable to recall basic place value of numbers

SEMH

- Seems very tired all the time, quite subdued with the effort required for everything
- Happiness is very up and down, unpredictable

Sensory / Physical

- Poor fine motor skills – has difficulty holding a pen / pencil in a comfortable grip

- Poor gross motor skills – clumsy when running and jumping (**Year 1 school report**)

Uncategorised

- Harder to get back to school after each holiday / break – now a real struggle

Part Two

School have put in reading recovery / phonic small group sessions 2 x 15 mins per week. There has been a slight improvement in ability but nothing tangible that has made a positive difference to ability.

School have performed an in-house dyslexia screening and results showed that X is likely to be dyslexic. To support reading, they are trying coloured overlays and have increased the size, font style and coloured backgrounds of any worksheets or handouts.

School have sought advice from the West Sussex LBAT team about the general learning issues and concerns over clumsiness etc. There is a concern that there may be some elements of dyspraxia involved as well.

Evidence

- Reading Assessment dated xx/xx/xx
- Phonics Screening results dated xx/xx/xx
- Dyslexia Screening results dated xx/xx/xx
- Year 1 School Report
- LBAT advice dated xx/xx/xx
- ISP for Year 2, Term 2

OCD / ASC

Part One

Background

X had no noticed issues at birth. X met all milestones. There is no diagnosed family history of SEND. When X was in Primary School, they noticed that X showed ritualistic behaviours within her routines and would get very distressed when her work was not good enough. School made a referral to the CDC to look at OCD and possible ASC (Month, Year)

Communication / Interaction

- Seeks reassurances, numerous times that she has done something correctly
- Finds it hard to join in with conversation with peers

Cognition / Learning

- Tendency to rub out work unless it is exact and looks neat and tidy
- Becomes fidgety if sits still for more than 15 mins at a time

SEMH

- Requires timeout to try to regulate (**Capturing X's Voice – Thought-full**)
- Has one friend who they must be with / sit next to or they will have a meltdown

Sensory / Physical

- Will open and close doors five times before releasing and moving on

- Needs to wash hands after touching anything considered unclean

Uncategorised

- Avoids walking on any gaps or cracks in flooring or pavements, often involving excessively long detours
- Constantly late for school due to having to complete rituals on leaving the house and getting in and out of the car

PART TWO

Since Year 1, school had consulted with the specialist ASC Team and an EP. They created an ISP for X and reviewed this termly with us both. **(ISPs for Year 1 / 2)**

They gave X a trusted adult who she could talk to, go to when feeling overwhelmed. This worked initially but the novelty wore off.

School provided a 'safe space' within the classroom for X to go to if needed, but X was unable to control what was in the 'safe space' as it also got used for other 1:1 sessions.

School made a referral to 'Thought-full' this term Year 2 **(see Capturing X's voice evidence document)** and this is ongoing.

X shows as being bright, Early Learning Goals were met in reception year, but her desire to be perfect means that she is not showing her potential in what is recorded in her books. She is now behind academically, with school concerned about her SATs. **(School Assessment data xx/xx/xx)**

Evidence

- Copy of School Assessment data xx/xx/xx
- Capturing XXXX's voice – Thought-full (dated)
- ISPs for Year 1 and 2

Further Information

- Other Factsheets in the '[Parental EHCNA Requests](#)' Guidance Series
- Webinars, Guides and Downloadable leaflets from our website SEN Support, EHC Needs Assessment & EHC Plans <https://westsussexsendias.org/sendias-resources/>

Service Statement

The role of the SENDIAS service is to ensure all parents, children and young people have access to impartial information, advice and support so they can make informed decisions related to their situation. Any information that is shared with the service is in confidence unless permission has been obtained to share this with any individuals, services and agencies that may be able to help in the circumstances. For more detail, view our [policies and privacy notice](#) on our website.

How to contact us: Tel: 0330 222 8555 / Email: send.ias@westsussex.gov.uk or cyp.sendias@westsussex.gov.uk (up to age 25) /

Website: www.westsussexsendias.org

To view factsheet online and access all links: <https://tinyurl.com/btwbxzep>

or scan QR code:

SCAN ME

