

**Locality SEND Processes – Stage 2, Panel:**

**Consideration for Request to Assess for EHC Needs Assessment**

|  |  |  |
| --- | --- | --- |
| **Locality:** | **Date and Time:** | **Venue:** |

Attendees:

Apologies:

Confidentiality/Data Protection:

We will observe complete confidentiality of the information on specific children inside this meeting. We will not disclose any confidential or personal information about a pupil or parent/carer to any **unauthorised** person.

We will act in accordance with the law when handling personal and other information. Special care must be taken when handling personal and confidential information and never use it inappropriately. We will not store personal information of pupils in paper or electronic form.

Points of the law to satisfy:

* **The child or young person has or may have special education needs and**
* **It may be necessary for special education provision to be made for the child or young person in accordance with an EHC plan**
* **LA decision-makers applying a stricter test is not lawful.**

| **Pupil Name** | **Year Group** | **D.O.B** | **Who is making the request –** setting, parent/carer? | **Overview**  Include whether case has been discussed at FOS level/ locality level.  Has the MyPlan been moderated/quality assured?  If so when, how many times? | **Locality Recommendation to Central Panel**  (Minutes according to points of law making reference to language of SSG)  Record panel recommendation in red |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |