



# Education, Health and Care Needs Assessments (EHCNA)

## West Sussex Guidance

### Background

#### Graduated approach to promoting best outcomes for children and young people with SEN and disability

Schools and settings support children and young people with a wide range of SEN. All schools have duties under the Equality Act 2010 towards individual disabled children. They **must** make reasonable adjustments, to prevent these children being placed at a substantial disadvantage. These duties are anticipatory. Schools also have wider duties to prevent discrimination, to promote equality of opportunity and to foster good relations (SEND CoP, July 14 6:8 & 6:9).

#### **Improving outcomes: high aspirations and expectations for children and young people with SEN**

6:1 - All children and young people are entitled to an education that enables them to make progress so that they:

- achieve their best
- become confident individuals living fulfilling lives.

Make a successful transition into adulthood, whether into employment, further or higher education.

6.2 - Every school is required to identify and address the SEN of the pupils that they support. Mainstream schools, which in this chapter includes maintained schools and academies that are not special schools, maintained nursery schools, 16 to 19 academies, alternative provision academies and Pupil Referral Units (PRUs), must:

- use their best endeavours to make sure that a child with SEN gets the support they need – this means doing everything they can to meet children and young people's SEN.

#### **Further Extracts from SEND Code of Practice – July 2014**

Xiii - A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.



Xiv - A child of compulsory school age or a young person has a learning difficulty or disability if he or she has a:

- significantly greater difficulty in learning than the majority of others of the same age; or
- disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream, schools or mainstream post 16 institutions.

Xvi - A child under compulsory school age has special educational needs if he or she is likely to fall within the definition in paragraph xiv above when they reach compulsory school age or would do so if special educational provision was not made for them (Section 20, Children & Families Act 2014).

Xi - The legal test of when a child or young person requires an EHC Plan remains the same as that for a statement under the Education Act 1996.

### What Does This Mean in West Sussex?

Most children and young people with special educational needs or disabilities, will have needs that can be met by effective use of the resources that are already available in their mainstream school or setting.

West Sussex has developed the 'Ordinarily Available Inclusive Practice' (OAIP) guide which provides examples of how resources can be used to deliver effective strategies as part of good quality teaching and inclusive classroom practice.

The SEND Code of Practice calls this 'ordinarily available' provision. It is expected that settings in West Sussex, have regard to this guidance and use it effectively within their graduated approach to meet the pupil's needs.

You can access further information including the OAIP through our [SEND Toolkit](#).

### When is an EHCNA appropriate?

The Code of Practice states:

9.14 - In considering whether an EHC needs assessment is necessary, the local authority should consider whether there is evidence that despite the early years' provider, school or post-16 institution having taken relevant and purposeful action to identify, assess and meet the special educational needs of the child or young person, the child or young person has not made expected progress. To inform their decision the local authority will need to take into account a wide range of evidence, and should pay particular attention to:

- evidence of the child or young person's academic attainment (or developmental milestones in younger children) and rate of progress;
- information about the nature, extent and context of the child or young person's SEN;



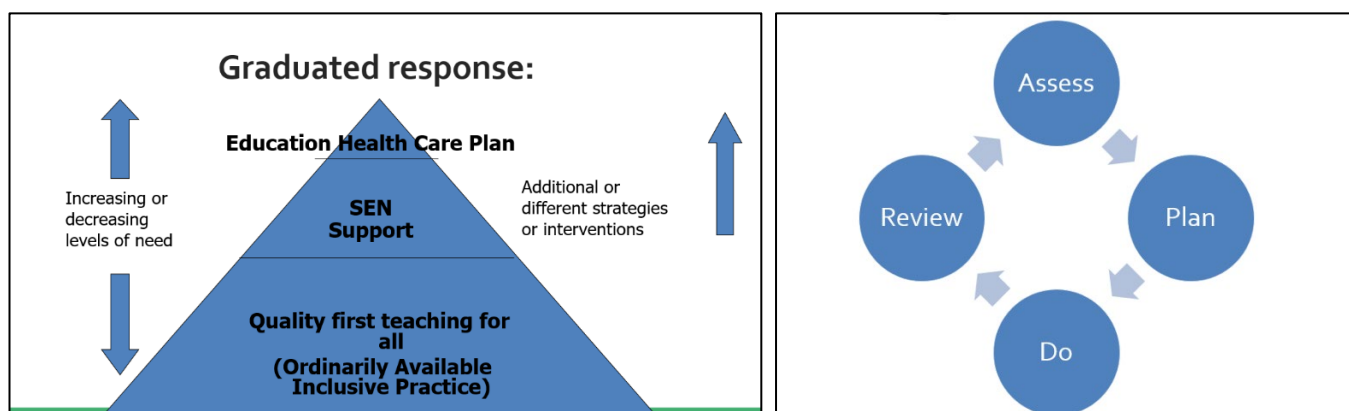
- evidence of the action already being taken by the early years provider, school or post-16 institution to meet the child or young person's SEN;
- evidence that where progress has been made, it has only been as the result of much additional intervention and support over and above that which is usually provided;
- evidence of the child or young person's physical, emotional and social development and health needs, drawing on relevant evidence from clinicians and other health professionals and what has been done to meet these by other agencies; and
- where a young person is aged over 18, the local authority **must** consider whether the young person requires additional time, in comparison to the majority of others of the same age who do not have special educational needs, to complete their education or training. Remaining in formal education or training should help young people to achieve education and training outcomes, building on what they have learned before and preparing them for adult life.

9.16 - Local authorities may develop criteria as guidelines to help them decide when it is necessary to carry out an EHC needs assessment (and following assessment, to decide whether it is necessary to issue an EHC plan).

**In West Sussex this means** a request for assessment must demonstrate implementation of appropriate approaches set out in the Ordinarily Available Inclusive Practice (OAIP) guidance as part of the graduated approach to meeting the pupil's needs.

Settings need to demonstrate that despite this relevant and purposeful action, the pupil has not made expected progress.

Ordinarily available provision includes the use of support services already available to the setting such as the Advisory Teacher teams and requires settings to implement and evaluate all strategies as part of their Assess, Plan, Do, Review cycle.





To help settings understand when an EHC needs assessment request might be appropriate we have also collated some threshold guidance on pages 6-17 of this guidance.

This guidance is an indication of a level of need to support consideration of suitability of assessment. It should not, however, be considered as a 'tick list' of eligibility.

A pupil with these described levels of need in one area may make appropriate progress from ordinarily available resources and therefore does not require provision through an EHCP. Alternatively, a child with less need, but across a range of categories, may be making less progress than is considered appropriate and a request may be deemed suitable.

It is essential that all requests clearly show the implementation of provision over time, reflect the expectations of the OAIP, analyse the impact of this provision and include evidence of the use of ordinarily available delegated resources:

- *All mainstream schools and academies in West Sussex receive delegated funding from within the School Budget Share. Schools receive a "notional SEN Budget" which is delegated to West Sussex schools to meet low needs high incident SEN up to £6,000 worth of provision per pupil, over and above core curriculum funding.*

Good practice dictates that at least two terms of evaluated provision will have been put into place before an EHC needs assessment request would usually be considered because it is very difficult to demonstrate relevant, purposeful action and appropriate evaluation of impact over a shorter timeframe. Two terms of information could span different National Curriculum stages or different settings – as this is all part of the Assess, Plan, Do Review cycle of their graduated response during their educational journey.

In very rare circumstances, an earlier request can be made but the request would need to describe the reason that a longer period of implementation and evaluation is not suitable.

### Common Pitfalls

Please see page 18 for examples of common errors made in EHC needs assessment request documentation – these have been put together to help SENCOs with preparing any request.

## Requests for EHCNA

### Who can request an EHCNA

The following people have a specific right to ask the local authority to conduct an education, health and care needs assessment for a child or young person aged between 0 and 25:

- The child's parent.
- A young person over the age of 16 and under the age of 25.
- A person acting on behalf of a school or post-16 institution (this should ideally be with the knowledge and agreement of the parent or young person where possible).
- Children and young people under the age of 19 (or their parents) in youth custodial institutions (9.8 & 9.9, SEND Code of Practice July 14).



## How to make an EHCNA request

### Parent Carers

There are two ways for parent carers or young people to make a request:

1. Visit our Local Offer page for [how to get an EHCP](#)
2. Write to the [SEN Assessment Team](#) direct.

If a parent carer or young person makes a request, the setting that the pupil attends will receive a letter from SENAT advising them a request has been received and asking the setting to complete the request documentation using either of the methods set out below.

### Settings

Please complete the EHC Needs Assessment request form:

- [EHCNA request form](#)

This form (fully completed) and appropriate supporting documentation need to be emailed to the SEN Assessment Team: [EHCNARequest@westsussex.gov.uk](mailto:EHCNARequest@westsussex.gov.uk)

To ensure the safe sharing of information via email it is advised that you password protect all documents using the child or young person's date of birth as 6 figure number i.e., 12th April 2008 would be 120408. You will need to email [sensupportteam@westsussex.gov.uk](mailto:sensupportteam@westsussex.gov.uk) to confirm the password (please do this from the same email address you have sent the request form from).

## What Happens Once the Request Has Been Made?

You can find details of the next steps from our [Special educational needs and disability \(SEND\)](#) web page.

**Please note:** The same timeframes apply whether the request is made by a setting or a parent/carer or young person.



## Threshold Guidance

### Curriculum thresholds for an EHCNA

Indication of thresholds for assessment where Cognition and Learning is the primary category of need – see page 8

### Curriculum Attainment Thresholds for EHCNA

Age	Pre-school	4	5	6	7	8	9	10	11	12	13	14	15	16
<b>Achievement</b> <i>(either age related or against pre-key stage standards or the national curriculum programmes of study).</i>	Achievements 18 months – 24 months below chronological age. Or where unable to access a subject specific curriculum attainments between P1-P4	Working within pre - key stage Standard 1	Working within pre - key stage standard 2	Working within pre - key stage standard 3	Working within pre - key stage standard 4	Working within pre - key stage standard 5	Working within pre - key stage standard 6	Working within pre - key stage standard 6	Achieving against lower key stage 2 (Years 3&4) national curriculum programmes of study or below	Achieving against higher key stage 2 (Years 5&6 national curriculum programmes of study or below				
<b>Pre-school</b>							<b>Key Stage 3 and above</b>							
From September 2016 the Early Years Foundation Stage profile will no longer be compulsory. The Early Years Foundation Stage itself will continue to be statutory, supporting children to experience a broad and engaging programme of learning in reception. Where an application for EHC Needs Assessment is made with the primary need recorded as Cognition and Learning it is expected that progress will be reported against the Early Years Foundation Stage Profile. Where this is not appropriate/applicable the pupil's Year R baseline as assessed by the setting must be provided.							Where an application for EHC Needs Assessment is made and the primary need is recorded as Cognition and Learning, the application should ordinarily demonstrate curriculum attainments well below the national curriculum expectations for that year group. The table above gives an indication of the expected achievements against the national curriculum programmes of study that would be considered appropriate for EHC Needs Assessment. To allow the EHC Consideration Panel to review progress of the learner the school must also provide details of National Curriculum Levels before September 2015.							
<b>Key Stage 2 and below</b>														
From September 2018 the use of P-Scales for pupils accessing a subject specific curriculum will not be applicable. For these pupils, please demonstrate their achievements against the Pre-key stage standards.														



## Progress Over Time

It is expected that teachers will establish systems and procedures for carefully tracking pupil progress and use this information to identify those who are making less-than-expected progress given their age and individual circumstances. The SEND code of practice states that such progress is characterised by:

- being significantly slower than that of their peers starting from same baseline
- fails to match or better the child's previous rate of progress
- fails to close the attainment gap between the child and their peers
- widens the attainment gap.

The EHC Needs Assessment application will need to provide information demonstrating these concerns around the pupil's progress.

## Communication and Interaction

**Remember to review the [Ordinarily Available Inclusive Practice](#) guidance to ensure all Best Endeavours have been exhausted.**

Characteristic	Assessments
<p>1. Language levels, receptive and/or expressive significantly delayed/disordered</p> <p>Speech is very difficult to understand even for a familiar listener.</p>	<p>Standardised Score of 69 or below, at or below 1<sup>st</sup> percentile where standardised measures are available.</p> <p>Early Years – child is showing a minimum 2 year delay in the Communication, Language &amp; Literacy strand.</p>
<b>Social Communication</b>	
<p>1. Severely impaired social communication skills which requires intensive programme of social communication training</p> <p>2. The child has difficulty participating in larger group experiences for significant parts of the day, despite Best Endeavours support. Access to the curriculum is significantly restricted. Greater curriculum emphasis required to support social and communication needs.</p> <p>3. Clear difficulty responding in social situations and to adult direction.</p> <p>4. Expressive language consists entirely of 'learnt' phrases.</p> <p>5. Requires a significantly high level of consistency and routine in order to reduce anxiety and enable access to the curriculum.</p>	<p>Observations gathered from noticing what the child does and says in a range of contexts, including information from the family about what the child does and says at home.</p> <p>Evidence includes a description of child's social communication skills, from a range of advice.</p> <p>Reports/observations from the social communication team or other specialist advice.</p>



## Cognition and Learning

Remember to review the [Ordinarily Available Inclusive Practice](#) guidance to ensure all Best Endeavours have been exhausted.

Characteristic	Assessments
1. Difficulty in accessing the Curriculum at levels which are appropriate for children of similar age or ability.	Below 1 <sup>st</sup> percentile for standardised measures.
2. Significant discrepancies between different curriculum areas or aspects of the curriculum (e.g. Specific Learning Difficulties).	

## Social Emotional and Mental Health

The SEND Code of Practice (July 2014) re-defines the category of need related to Behaviour, Emotional and Social Development (BESD) to Social, Emotional and Mental Health Difficulties (SEMH).

6:32 - Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety, depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

6:33 - Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour, so it does not adversely affect other Learners. The DfE publishes guidance on managing Learner's [mental health and behaviour in schools](#).

In addition to the criteria below, schools will be expected to demonstrate in their evidence how they have made use of the above DfE guidance (2014).





## Social Emotional and Mental Health

Remember to review the [Ordinarily Available Inclusive Practice](#) guidance to ensure all Best Endeavours have been exhausted.

Characteristic	Assessments
1. Learners with SEMHD will display a range of behaviours at significant levels in Learning, Conduct or Emotional areas. These areas are neither discrete nor mutually exclusive. Behaviours are likely to have persisted over time (at least two school terms) and learners will not have shown positive responses to interventions.	Behaviours of concern will have been observed, assessed, monitored and analysed using an approach, which analyses Antecedents, Behaviour and Consequences (ABC) and looks at the Frequency, Intensity and Duration (FID) of these behaviours. Evidence demonstrates that the impact of interventions offered has been reviewed and adjusted based on analysis of the child's/young person's behaviour in context. Evidence should include the impact of these behaviours on learning over time.
2. Learning Behaviours may include: very low levels of on-task behaviour, inability or unwillingness to work without direct supervision, limited attention or concentration, poor rates of task completion and lack of compliance with directions or instructions.	Classroom and playground observation using fixed interval or event sampling: small group or individual behaviour.
3. Conduct Behaviours may include: extreme resentment/vindictiveness, continual defiance, verbal or physical aggression (actual or threatened) oppositional behaviour, damage to property and/or lying or stealing.	Evidence demonstrates that advice has been sought from external agencies and acted upon, over a period of time.
4. Emotional Behaviours may include: pre-empting failure in tasks, constant anxiety, depressed/withdrawn behaviour, significant difficulties establishing relationships with peers, fantasising, extreme attention seeking behaviours, acute anxiety and fear about attending school and/or inappropriate sexual behaviour.	Observations indicate that the child's/young person's behaviour, emotional and social difficulties are severe, persistent and long-term and are experienced in a variety of different contexts throughout the day.
5. The child's/young person's behaviour has required support including behavioural programmes (IEP, IBP, PSP). In spite of support the child has not made appropriate progress.	Progress has been no more than 6 months in the last academic year in core curriculum areas.



6. Behaviour impacts significantly upon attainment.	Attainment between core subjects shows a discrepancy with some areas falling at or below the threshold levels given above.
7. Learner displays behaviour that is significantly outside the level expected for their age.	Observational reports and behaviour logs.

## Medical Conditions

6:11 - The Children & Families' Act 2014 places a duty on maintained schools and academies to make arrangements to support learners with medical conditions. Individual healthcare plans will normally specify the type and level of support required to meet the medical needs of such Learners. Where children and young people also have SEN, their provision should be planned and delivered in a co-ordinated way with the healthcare plan.

Schools/settings are required to have regard to the statutory guidance [Supporting pupils at school with medical conditions](#).

## Sensory and/or Physical

It is essential that any proposal to make an education health & care needs assessment request related to sensory impairment is first discussed with an Advisory Teacher from the Sensory Support Team. Evidence of this discussion MUST be included with the request.

## Hearing Impairment

**Remember to review the [Ordinarily Available Inclusive Practice](#) guidance to ensure all Best Endeavours have been exhausted.**

Characteristic	Assessments
1. A level of hearing loss that requires hearing aids or a cochlear implant and results in significant speech and/or language difficulties which significantly restrict communication and access to all areas of the curriculum.	Severe hearing loss (71 dBHL and above); a severe high frequency hearing loss; or a progressive degenerative hearing condition. Language assessments indicate a significant delay in the acquisition of receptive and expressive language.
2. A high level of specialist support and/or modification is required to enable the child to access the curriculum and to support the use of additional audiological equipment such as a radio aid system.	Measured language levels are significantly below chronological age which prevents access to the curriculum without a high degree of differentiation and/or support.
3. The child/young person requires significant modification to the language used to deliver access to the curriculum.	Language assessments show significant delay in understanding of syntax and semantics.



4. Child's/young person's assessment profile shows an uneven pattern of progress and attainment.	Attainment in language-based aspects of the curriculum is significantly below the child's/young person's ability.
5. The child requires British Sign Language or Sign Supported English to access the curriculum.	Assessments indicate that the child/young person is unable to access the curriculum through audition alone.

## Visual Impairment

**Remember to review the [Ordinarily Available Inclusive Practice](#) guidance to ensure all Best Endeavours have been exhausted.**

Characteristic	Assessments
1. The child/young person has significant visual impairment and/or a deteriorating condition affecting vision.	Visual acuity of 6/36 or less plus a reduction in near vision or a significant field defect.
2. The child/young person has insufficient or no vision and requires an alternative format such as Braille to access the curriculum.	Assessed as 'educationally blind' meaning that the child/young person has no vision or insufficient vision to access print.
3. The child's/young person's lack of vision severely impairs their access to the curriculum.	Visual acuity of 6/36 or less. Print sizes of N36 or greater are needed to access print materials. May use an alternative format such as Braille for reading purposes.
4. Child's/young person attainment in the curriculum is below the expectations for their age or their assessment pattern shows an uneven pattern of progress and attainment.	The child/young person has difficulty accessing the curriculum without substantial adaptation of teaching materials resulting in attainment levels significantly below the child's ability.
5. The child's/young person's vision significantly affects their mobility in the educational setting.	Assessments indicate specialist support is required for mobility and independent living skills.

## Multi-sensory Impairment

**Remember to review the [Ordinarily Available Inclusive Practice](#) guidance to ensure all Best Endeavours have been exhausted.**

Characteristic	Assessments
1. The child/young person has a hearing loss together with a visual impairment at a level which might normally be overcome through a reliance on listening in the educational setting.	Visual acuity of 6/18 or less together with a level of hearing loss that requires hearing aids.



2. The child/young person has a combination of visual and hearing impairment which results in the child/young person having difficulty accessing sign or lip pattern and having to rely on audition alone.	Visual acuity of 6/18 or less together with a level of hearing loss that requires hearing aids.
3. The child/young person has a hearing loss and a visual impairment which significantly affects central vision, near vision and/or peripheral vision.	Large print or a tactile curriculum required; difficulty accessing the curriculum without substantial adaptation of teaching resources; reliance on support assistant who will 'listen' for them.
4. The child's/young person's multi-sensory impairment significantly affects their mobility in the educational setting.	Assessments indicate specialist support is required for mobility and independent living skills.

## Physical Impairment

**Remember to review the [Ordinarily Available Inclusive Practice](#) guidance to ensure all Best Endeavours have been exhausted.**

Characteristic	Assessments
1. Significant physical or medical needs arising from a pre-existing or acquired condition which impacts upon the child's/young person's overall development and which is likely to persist over time. There may be the need for the use of mechanical or technological aids or assistive or augmented communication aids to allow access to the curriculum.	Evidence that, despite reasonable adjustments made by the setting/school, the child's/young person's physical impairment and/or medical condition significantly impacts on their opportunity to access the whole curriculum.



## Evidence required for an EHCNA linked to SEND Code of Practice, July 2014

Considerations	Evidence Required to demonstrate that the consideration has been met.
<p><b>A. Personalised Approach</b></p> <p>The views, wishes and feelings of the child/young person and their parents/carers are known and understood.</p>	<p>Evidence of co-production and person-centred approaches to engage with child/young person and family:</p> <ul style="list-style-type: none"> <li>• Records of meetings and discussions with the child/young person and their parents/carers to gain their views, wishes and feelings over time.</li> <li>• A <a href="#">One Page Profile</a> developed with the child/young person/family.</li> <li>• Evidence that the wishes and views of the child/young person and their parents/carers have been taken into account when planning and supporting the child/family.</li> <li>• Evidence that young people, parents/carers have been consulted about the request for an education health &amp; care needs assessment. Ideally the request should be co-produced with young people/parents &amp; carers.</li> </ul>
<p><b>B.1 Special Educational Needs</b></p> <p>The child/young person's needs are significantly greater than peers of the same age, are long term and require specialist resources or provision to achieve long term positive outcomes.</p> <p><b>B.2 Learning and Progress</b></p> <p>Progress towards realistic and appropriate outcomes has only been achieved as the result of much additional intervention and support, over and above that which is usually provided.</p>	<p>Evidence of the exceptional nature of needs will be required:</p> <ul style="list-style-type: none"> <li>• Early Years outcomes/academic levels and progress tracking over time.</li> <li>• Standardised testing and progress over time.</li> <li>• An analysis of the child's social and emotional needs over time.</li> <li>• Employment life and social and emotional skills.</li> <li>• Independence skills.</li> <li>• Adaptations put in place to access the curriculum.</li> <li>• The views of the child/young person.</li> <li>• The views of the parent/carer.</li> <li>• Resilience factors and risk factors.</li> <li>• Long term implications for education and employment.</li> </ul>



<p><b>C. Action already taken using a Co-ordinated Approach</b></p> <p>The child/young person's needs have been explored and supported through a co-ordinated approach, including the use of external services. All planning has had the child/young person at the heart in a person-centred way.</p>	<p>Evidence of "assess – plan – do – review" cycles over time (at least 2 terms) that includes the following:</p> <ul style="list-style-type: none"><li>• The involvement of appropriate external services.</li><li>• Measured and evidence-based analysis of assessments with clear summary that informs effective planning and outcomes, so that the <b>impact of interventions</b> has been evaluated and provision subsequently adapted when necessary.</li><li>• The involvement of the child/young person in assessment and planning.</li><li>• The involvement of parents/carers in assessment and planning (optional for young people Post 16).</li><li>• Involvement and support from the wider community.</li><li>• Person-centred planning approaches.</li><li>• Clear outcomes being identified and monitored.</li><li>• Strengths-based approach taken in the gathering and analysis of information.</li></ul>
<p><b>D. Provision</b></p> <p>The child/young person has clear outcomes, based on their own and parents/carers aspirations, relevant to the level of need. These have been resourced appropriately from within the totality of resources available to the school/college. (Demonstrating expenditure of the £6,000 delegated resources).</p>	<p>Evidence of the setting's <b>Best Endeavours</b> to support the child/young person that includes:</p> <ul style="list-style-type: none"><li>• Clear graduated approach to supporting child/young person.</li><li>• Targeted programmes of support and resources that are unique to the learner individually or in a group setting, driven by outcomes.</li><li>• Submission of a <b>costed individual Provision Map</b> that demonstrates how the child/ young person's outcomes are being achieved.</li></ul>

**The evidence provided by the school/setting must reflect the principles that underpin the SEND Code of Practice, July 14 (1:1).**



## Common pitfalls in EHCNA requests

These have been put together to help setting representatives prepare the evidence required for an EHC needs assessment request.

Please note we seek detailed information as part of the request to enable us to fairly consider each request against the ordinarily available support. This approach ensures we have appropriate information to inform the full assessment if one is agreed. Settings are asked to provide minimal further information if the assessment is agreed.

- The evidence does not evaluate impact – how do you know what you are doing is, or is not, having an impact? What was your baseline, how do you measure against this, what have you done if progress is not evident?
- The evidence does not show implementation of advice –e.g. if LBAT have provided an action plan you need to show you have implemented it and evaluated it. If you have an assessment by another professional, evidence of implementation of the recommendations and evaluation is required.
- Support is not explained – what is the TA doing to support the pupil? How does their presence relate to your analysis of need and their ILP/provision map? etc.
- The provision map/descriptions do not link to the description of need or required provision – if the child has communication challenges and requires a structured social skills group is this in the provision map/information? If speech and language have recommended implementation of their programme when does this happen and with who?
- Provision is not accurately costed – only provision over and above that ordinarily provided should be costed. Every child receives a proportion of teacher time, a SEN child's 'bit' does not cost more, if it is a small group it should be split by the size of the group.
- Individual targets are not reviewed. If they are reviewed and targets are not met, it is expected they would be adapted or explanation as to why they have not been.
- Outcomes are not provided – as the key supporter of the child/young person's SEN&D it is important we understand the outcomes you are seeking in the short and long term. These are mandatory elements of an EHCP (if one is drafted) so the Local Authority must receive these from all contributors.
- Individual targets do not link to descriptions of need or provision.
- Curriculum attainment is not explained or is described as being 'below' expected levels. We require more detail than this, so we fully understand what progress has been made and what level the pupil is currently working at. Your analysis of whether progress is below what you would have expected is key.

**Please remember the EHCNA Consideration Panel are just reviewing what you send. If you use abbreviations, school level terminology, your own analysis of progress with your own descriptors or codes it needs to be fully explained.**