**Young person’s request for an education, health and care needs assessment**

This request is made in accordance with section 36 of the Children and Families Act 2014

This means that you have the right to ask for an EHC needs assessment. An EHC needs assessment is an assessment of the educational, health care and social care needs of a child or young person. A young person is over the compulsory school age of 16 but under the age of 25.

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| --- | --- |
| **Your full name** |  |
| **Date of birth** |  |
| **Gender** |  |
| **Home address including postcode** |  |
| **Preferred contact** |  |
| **Other contact details** | Home:  Mobile:  Email: |
| **Language** |  |
| **Ethnicity** |  |
| **Religion** |  |
| **Current or planned school, college, training setting** |  |

|  |  |
| --- | --- |
| **GP name** |  |
| **GP address** |  |
| **Do you have a disability or learning difficulty?** |  |
| **If Yes please provide details** |  |

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| **Have you previously had a statement of special educational needs?** |  |

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| **Have you previously had or do you hold a current learning difficulty assessment?** |  |

**Please give details of your needs and detail why you feel an education, health and care assessment is necessary in relation to the following***: (Please attach any relevant school and professional reports and continue on an additional sheet if necessary)***:**

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| **Summary of your strengths and difficulties** |
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| **The support you believe is required in order to succeed in your education to make a successful transition to adulthood** |
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| **What are your hopes and aspirations?** |
| **Education, learning and work** |
| **Independent living** |
| **Friends, relationships and community** |

Please indicate if you are receiving or have received any support from education support services (educational psychologist, clinical psychologist, targeted youth advisor, specialist teacher), health and/or social care (if reports are available please attach and indicate in the table).

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| **Professional/agency** |  |
| **Phone and email** |  |
| **Support provided** |  |
| **Period of involvement** |  |
| **Most recent contact** |  |
| **Report attached** |  |

|  |  |
| --- | --- |
| **Professional/agency** |  |
| **Phone and email** |  |
| **Support provided** |  |
| **Period of involvement** |  |
| **Most recent contact** |  |
| **Report attached** |  |

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| --- | --- |
| **Professional/agency** |  |
| **Phone and email** |  |
| **Support provided** |  |
| **Period of involvement** |  |
| **Most recent contact** |  |
| **Report attached** |  |
| **Professional/agency** |  |
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| **Phone and email** |  |
| **Support provided** |  |
| **Period of involvement** |  |
| **Most recent contact** |  |
| **Report attached** |  |

I would like you to consider my special educational needs. I give you permission to contact my educational placement, health services, social care or other professionals to obtain information about me.

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| **Signature:** |  |
| **Date:** |  |

Your views are important so if you need advice in completing this form please contact the AfC Post-16 Advisers Team on 0208 487 5297, the Independent Support Partnership (ISP) or the KIDS SEND Information, Advice and Support Services

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| **Independent Support Partnership (ISP)** | | |
|  | **Kingston** | **Richmond** |
| **Email** | [independent.support@richmondaid.org.uk](mailto:independent.support@richmondaid.org.uk) | |
| **Telephone** | 020 8831 6076 | |
| **Website** | [www.richmondaid.org.uk/services-disabled/independent-support-partnership/](http://www.richmondaid.org.uk/services-disabled/independent-support-partnership/) | |
| **Address** | Kingston Centre for Independent Living (KCIL)  River Reach  31 - 35 High Street  Kingston upon Thames  KT1 1LF | Disability Action and Advice Centre  4 Waldegrave Road  Teddington  TW11 8HT |

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| **KIDS SEND Information, Advice and Support Services** | | |
| **Email** | [RichmondKingston@kids.org.uk](mailto:RichmondKingston@kids.org.uk) | |
| **Telephone** | 020 8831 6179 | |
| **Website** | [www.kids.org.uk](http://www.kids.org.uk) | |
| **Address** | The Moor Lane Centre  Moor Lane  Chessington  Surrey  KT9 2AA | Windham Croft Centre for Children  20 Windham Road Richmond TW9 2HP |

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| --- | --- | --- |
|  | **Kingston** | **Richmond** |
| **Email** | [sen-rbk@achievingforchildren.org.uk](mailto:sen-rbk@achievingforchildren.org.uk) | [sen-lbr@achievingforchildren.org.uk](mailto:sen-lbr@achievingforchildren.org.uk) |
| **Telephone** | 020 8891 7262 | 020 8891 7541 / 020 8891 7591 |
| **Address** | 42 York Street  Twickenham  TW1 3BZ | |

Please return this form, together with any attachments, to the relevant AfC SEN Team.