**Parental 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 for your child. An EHC needs assessment is an assessment of the educational, health care and social care needs of a child or young person.

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| **Full name of child or young person** |  |
| **Date of birth** |  |
| **Gender** |  |
| **Home address including postcode** |  |
| **Ethnicity** |  |
| **Religion** |  |
| **Language** |  |
| **Your child’s or young person’s current setting, school, college** |  |

Please list individual parents and carers who have parental responsibility for your child.

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| --- | --- | --- |
| **Name of parents or carers who have parental responsibility** |  |  |
| **Addresses** |  |  |
| **Preferred contact** |  |  |
| **Other contact details** | Home:Work:Mobile: Email: | Home:Work:Mobile: Email: |

Please list individual parents and carers who have parental responsibility for your child.

|  |  |  |
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| **Proof of parental responsibility must be attached*****(eg. birth certificate or adoption certificate)*** |  |  |
| **Proof of residency must be attached** ***(eg. council tax statement, rental agreement, etc)*** |  |  |

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| **GP name** |  |
| **GP address** |  |
| **Health visitor name****(if child under 5)** |  |
| **Health visitor address** |  |
| **Does the child or young person have a diagnosis?** |  |
| **If Yes please provide details** |  |

Please give details of the young person’s needs and detail why you feel an education, health and care needs 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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| **Please give a clear summary of what you think are your child’s strengths and difficulties.****You may find it easier to express these in a list or in bullet points.** |
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| **Is there anything else that will help us to understand your child’s or young person’s education, health and care needs?**  |
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| **The educational outcomes you believe are not being met (an outcome is the benefit or difference made to an individual as a result of an intervention)** |
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| **The support you would like your child to receive in school so that he/she can progress** |
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Please indicate if the young person is receiving any support from education support services (eg, educational psychologist, specialist teacher), health and/or social care (if reports are available please attach and indicate in the table)

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

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

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| **Phone and email** |  |
| **Support provided** |  |
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| **Most recent contact** |  |
| **Report attached** |  |

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

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| **Young person’s views and consent (if over 16years)** |
| **Views** |
| **Consent****Signature:****Date:** |

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| **If the young person is under the age of 16 years has the request been discussed with them?** | Yes  |  No |

I/We would like you to consider my/our child’s special educational needs. I/we give you permission to contact my/our child’s educational placement, health services, social care or other professionals to obtain information about them.

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

Your views are important so if you need support in order to fill out this form please contact 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 |
| **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 Reach31 - 35 High StreetKingston upon ThamesKT1 1LF | Disability Action and Advice Centre4 Waldegrave RoadTeddingtonTW11 8HT |

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| **KIDS SEND Information, Advice and Support Services** |
| **Email** | RichmondKingston@kids.org.uk |
| **Telephone** | 020 8831 6179 |
| **Website** | [www.kids.org.uk](http://www.kids.org.uk) |
| **Address**  | The Moor Lane CentreMoor LaneChessingtonSurreyKT9 2AA | Windham Croft Centre for Children20 Windham RoadRichmondTW9 2HP |

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

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| **AfC SEN Team contact details** | **Kingston** | **Richmond** |
| **Email** | sen-rbk@achievingforchildren.org.uk | sen-lbr@achievingforchildren.org.uk |
| **Telephone** | 020 8547 5872 | 020 8547 5872 |
| **Address** | SEND Team, c/o Achieving for Children, Guildhall 2, Kingston, KT1 1EU |