**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?** |  |

**Requesting feedback**

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| Achieving for Children would like to contact you to seek your views on the statutory processes, this will help us make continual improvements to the services we deliver.  **If you consent to us contacting you via telephone and/or email, please check the appropriate box below and ensure that we have the correct contact details.** | |
| **Contact type** | I give consent to contact me via email and via text   I **do not** give consent to contact me via email and via text |

**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).

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

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| **Professional/agency** |  |
| **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.

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

Your views are important so if you need advice in completing this form please contact the AfC Post-16 Advisers Team on 020 8487 5297 or the KIDS SEND Information, Advice and Support Services

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| --- | --- | --- | --- |
| **KIDS SEND Information, Advice and Support Services** | | | |
| **Email** | [RichmondKingston@kids.org.uk](mailto:RichmondKingston@kids.org.uk) | | |
| **Telephone** | 020 3793 9596 | **Website** | [www.kids.org.uk](http://www.kids.org.uk) |
| **Address** | The Moor Lane Centre  Moor Lane  Chessington KT9 2AA | | Windham Croft Centre for Children  20 Windham Road Richmond TW9 2HP |

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| --- | --- |
| **AfC SEN Team contact details** | |
| **Email** | [senteam@achievingforchildren.org.uk](mailto:senteam@achievingforchildren.org.uk) |
| **Telephone** | 020 8547 5872 |
| **Address** | SEND Team, Achieving for Children, Guildhall 2, Kingston KT1 1EU |

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