**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.

|  |  |  |
| --- | --- | --- |
| **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.

|  |  |  |
| --- | --- | --- |
| **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) |  |  |

**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 |

|  |  |
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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** |
|  |

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)

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

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

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

**Health questionnaire**

**To form part of the request for an EHC needs assessment**

If an EHC needs assessment is agreed, as part of the process, the local authority is required to seek health advice. This is because we need to determine whether or not your child’s progress at school is affected by a medical condition. The health advice for this purpose is co-ordinated by the community paediatricians. This can be done by using the information you provide on this questionnaire and liaison with the relevant medical professionals.

Please provide the latest health report from professionals to help us obtain all the information

Are you including additional information Yes No

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| --- | --- | --- | --- |
| **Name of child:** |  | **DOB:** |  |

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| --- | --- | --- |
| **Does your child have an existing diagnosis?** | **Yes :** | **No:**  |
|  |
| **Is your child on any regular medication?** | **Yes :** | **No:**  |
|  |
| **Does your child use any equipment to help with mobility, function or general health?** | **Yes:** | **No:** |
|  |
| **Is your child under a health professional? Please provide their name and name of hospital/clinic?** | **Yes:** | **No:** |
|  |
| **Does your child have toileting needs? If yes please give some detail.** | **Yes :** | **No:**  |
|  |
| **Does your child have toileting needs? If yes please give some detail.** | **Yes :** | **No:**  |
|  |
| **Is your child independent in dressing/undressing? If yes please give some detail.** | **Yes :** | **No:**  |
|  |
| **Does your child have feeding or growth concerns? If yes please give some detail.** | **Yes :** | **No:**  |
|  |
| **Does your child have vision difficulties? If yes please give some detail.** | **Yes :** | **No:**  |
|  |
| **Does your child have hearing difficulties? If yes please give some detail.** | **Yes :** | **No:**  |
|  |
| **Does your child have dental reviews? If yes please give some detail.** | **Yes :** | **No:**  |
|  |

**By agreeing to this request for an EHC needs assessment you are giving consent for the local authority to obtain any medical/health advice for the purpose of this process.**

**Social Care questions to consider relating to SEN**

 If the EHC needs assessment is agreed these questions will be shared with our Single Point of Access Team and will enable social care to make a judgement as to whether further involvement may be required for the child and their family.

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| **Name of child:** |  | **DOB:** |  |

|  |  |  |
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| **Is your child registered as disabled?** | **Yes :** | **No:**  |
|  |
| **What is the nature of your child’s disability? (Physical-cognitive) Please specify.**  | **Yes :** | **No:**  |
|  |
| **Has your child received a formal diagnosis and by whom?** | **Yes:** | **No:** |
|  |
| **What is the impact on your child’s day to day to life?** | **Yes:** | **No:** |
|  |
| **Does your child require home adjustments or specialist equipment in order to access education or leisure? (Please specify the detail?)** | **Yes :** | **No:**  |
|  |
| **Does your child have a general learning disability? If so is there a formal diagnosis? (Specify detail, when diagnosed and by whom)** | **Yes :** | **No:**  |
|  |
| **Does your child has a specific learning disability? If so is there a formal diagnosis? (Specify detail, when diagnosed and by whom)** | **Yes :** | **No:**  |
|  |
| **Does your child have a behavioural or mental health difficulty? If so is there a formal diagnosis? What is the impact on your child? (Specify detail, when diagnosed and by whom)** | **Yes :** | **No:**  |
|  |
| **Has your child been known to Children’s Services either in this borough or elsewhere? (Please share details)** | **Yes :** | **No:**  |
|  |
| **Has your child or family ever received support from a Prevention and Early Help Service/Family Support Service in this borough or elsewhere? (Please share details)** | **Yes :** | **No:**  |
|  |
| **Does your child engage with any services from charities or the Local Offer which help your child to access play/leisure or education?** | **Yes :** | **No:**  |
|  |
| **Are there any additional worries that are impacting on your family? (Adult health, housing, family functioning, income issues)** | **Yes :** | **No:**  |
|  |

**By agreeing to this request for an EHC needs assessment you are giving consent for the local authority to obtain any social care advice for the purpose of this process.**

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

|  |  |  |
| --- | --- | --- |
| **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.

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

Your views are important so if you need support in order to fill out this form please contact KIDS SEND Information, Advice and Support Services.

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| **KIDS SEND Information, Advice and Support Services** |
| **Email** | RichmondKingston@kids.org.uk |
| **Telephone** | 020 3793 9596 |  **Website** | [www.kids.org.uk](http://www.kids.org.uk) |
| **Address**  | The Moor Lane CentreMoor LaneChessington KT9 2AA | Windham Croft Centre for Children20 Windham RoadRichmond TW9 2HP |

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

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