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| **Parental request for an education, health and care needs assessment****Please read the accompanying guidance before completing this form** |

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.

**Information sharing and data protection statement**

We will use the information in this form to consider whether to conduct a needs assessment under the requirements of the Children and Families Act 2014.

If an Education, Health and Care Needs Assessment is approved, Achieving for Children will need to seek further professional advice and/or assessment to help decide whether it is necessary to issue an Education, Health and Care Plan.

The information that you and other professionals provide will normally be shared with your consent. There are however, situations when we may share information without your consent such as for safeguarding reasons or to help prevent or detect crime.

Our privacy notice provides further information about how and why we your information.

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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.

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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** |
|  |

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** |  |

|  |  |
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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** |  |

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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 form is designed to support Paediatricians to provide accurate information as part of provision of advice should an EHC needs assessment be agreed.

This can be done by using the information you provide on this questionnaire and liaison with the relevant medical professionals. Your child’s school will ask you to complete this form and it will be included with the request for an EHC needs assessment.

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| **Name Of Child:** |  | **DOB:** |  |

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| **Does your child have a medical diagnosis - e.g. asthma, epilepsy, ASD, ADHD/ADD** | **Yes :** | **No:**  |
| **If yes please enter the following:**

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| --- | --- | --- | --- |
|  | Diagnosis 1 | Diagnosis 2 | Diagnosis 3 |
| Name of diagnosis/date of diagnosis |  |  |  |
| Name of clinician/ department |  |  |  |
| Name ofHospital/clinic |  |  |  |
| Follow up arrangement / date of next appointment(e.g. 6 monthly) |  |  |  |
| When was the last review |  |  |  |
| Last clinic letter attached | Yes 🗆No 🗆 | Yes 🗆No 🗆 | Yes 🗆No 🗆 |

 |
| **Has your child got a medical care plan?**  | **Yes :** | **No:**  |
| **If Yes, please provide a copy.** |
| **Is your child on any regular medication?** | **Yes :** | **No:**  |
| **Name of medication** **What time is this given** **If given at school, who administers this in school?** |  |  |
| **With whom and when is next medication review (GP/Consultant)** |  |
| **Does your child use any equipment to help with general health?****E.g. asthma /insulin pump/catheter. If Yes please give details:** | **Yes:** | **No:** |
|  |
| **Does your child have toileting needs? If yes please give some detail.** | **Yes :** | **No:**  |
|  |
| **Personal care** (Is the child or young person able to meet their personal care needs, for example, dressing, hygiene, safety, appropriate to their age and development?) | **Yes :** | **No:**  |
|  |  |  |
| **Does your child have feeding or growth concerns? If yes please give some detail.** | **Yes :** | **No:**  |
|  |  |  |
| **Does your child have any difficulties with sleeping? If yes please give some detail.** | **Yes:** | **No:** |
|  |
| **Does your child have vision difficulties? If yes please give some detail.** | **Yes :** | **No:**  |
| **Name of professional:****When last seen and outcome:****Follow up plans:** |
| **Does your child have hearing difficulties? If yes please give some detail.** | **Yes :** | **No:**  |
| **Name of professional:****When last seen and outcome:****Follow up plans:** |
| **Does your child have dental reviews? If yes please give some detail.** | **Yes :** | **No:**  |
|  |
| **Are you child’s immunisations up to date?** | **Yes :** | **No:**  |
|  |
| **Is there any family history you would like to share? If yes please give some detail.** | **Yes :** | **No:**  |
|  |
| **Is there anything else you think we should know** | **Yes :** | **No:**  |
|  |
| **Would you like to have a telephone consultation with the paediatrician before the paediatrician completes the medical part of the EHCP?** | **Yes:** | **No:** |

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

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| **Consent**I/We have requested that a statutory assessment of my/our child’s special educational needs is undertaken by Achieving for Children. I/ We understand that in order for this to happen, Achieving for Children will need to contact my/our child's school/ college, health services, social care or other professionals involved with my/our child as necessary to complete this assessment. In the event of formal consultation being required, I/We understand that Achieving for Children will share the EHC plan with my preferred educational setting. If my/our preference is not the catchment area setting, then Achieving for Children will be required to share the EHC with them as part of the formal consultation process. I/We give our consent to Achieving for Children to obtain and share information about my/our child for the purpose of the needs assessment, or if an EHC plan is issued, for the duration of the plan and will retain information in line with their retention schedule. I/We understand that I may withdraw my consent at any time and this may result in a reduction of service being made available |

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| **Signature:** | **Signature:** |
|  |  |
| **Date:** | **Date:** |
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| **Requesting Feedback**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 |

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 **electronically** in a **word format**, together with any attachments, to the AfC SEND Team as below. We strongly recommend that this is sent via a secure email system due to the sensitive content. Please contact us if you require any advice on secure emails.

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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 |