

**Education, Health and Care Statutory Assessment**

**Young Person/ Parent/Carer Consent Form**

Young Person/ Parent/Carer’s consent for Achieving for Children to undertake a statutory assessment/re-assessment of special educational needs for the child named below:

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| --- | --- | --- | --- |
| **Child’s Details** | | | |
| **Name:** |  | **Date of Birth** |  |
| **Address:** |  | | |
| **Ethnicity:** |  | **Religion:** |  |
| **First Language:** |  | | |
| **Details of person(s) with parental responsibility**  *The SEND Code of Practice states that the local authority must seek the view and send correspondence to both parents, so it is important to add contact details for both parents below. If a parent no longer has parental responsibility, please send us documentation to evidence this. If the child is a Looked After Child, please add social worker details* | | | |
| **Name:** |  | **Contact Telephone:** |  |
| **Relationship to child:** |  | **Email:** |  |
| **Address (if different to child’s):** |  | | |
|  | | | |
| **Name:** |  | **Contact Telephone:** |  |
| **Relationship to child:** |  | **Email:** |  |
| **Address (if different to child’s):** |  | | |
| **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 understand that Achieving for Children will share the EHC plan with my preferred educational setting. If my 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 for 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 | | | |
| **Parent/Carer Signature:** |  | **Date:** |  |
| **Parent/Carer Signature:** |  | **Date:** |  |
| **Child?Young Person**  **Signature:**  *(Where appropriate)* |  |  |  |