

REQUEST FOR AN EDUCATION, HEALTH AND CARE NEEDS ASSESSMENT - Young Person Request

Please note – It would be appreciated if this would be typed as it will be copied and circulated to key professionals

Full name:			
Date of Birth:		Gender:	
Ethnicity:		Current Year Group:	Please specify if the child/ young person is out of chronological year group
Home Address:		Name and Address of Education Setting:	
Post Code:		Post Code:	
Telephone No:		Telephone No:	
Siblings/place in family:		Start Date at School:	
Name of person with parental responsibility:		Name of person with parental responsibility:	
Relationship:		Relationship:	
Address:		Address:	
Post Code:		Post Code:	
Contact No:		Contact No:	
e-mail:		e-mail:	
Languages spoken by young person:		Accessibility Needs of the young person:	

Interpreter required by young person:	Yes / No	If yes, which language?	
Languages spoken parent/carer 1:		Accessibility Needs of parent/carer 1:	
Interpreter required for parent/carer 1:	Yes / No	If yes, which language?	
Languages spoken parent/carer 2:		Accessibility Needs of parent/carer 2:	
Interpreter required for parent/carer 2:	Yes / No	If yes, which language?	
Name of person making supporting the young person to make the request (if applicable)		Role:	
Contact details: Email/address/phone of young person			

Education, Health and Care Needs Assessment – Young Person Consent Form

Your Name:
Early Years Setting/ School/ College Setting currently attending:

So that the SEN Service can process this EHC Needs Assessment request, it collects personal and sensitive information (such as reports from professionals) about your educational, social care and health needs. This information will be kept secure and for a period in line with our retention schedule. We will not use or share it without your consent except where, by law, we may be required to do so in order to prevent or detect a crime or harm to an individual. As well as this, we might share this information with third party EHC Plan writing agencies during busy periods in order to complete your Plan in good time. For the purpose of confirming you live at the address you have given on this form, we may check your details against our council tax, electoral roll or other information held by relevant council departments. You have the right to request a copy of or correction to the information we hold about you, if inaccurate. If you wish to contact the SEN Service, you can do so by emailing sen.team@cognus.org.uk.

Your name:	
Full Address:	
I am a resident of London Borough of Sutton and I give consent for my residency to be checked against council systems, i.e. council tax (<i>without this consent there could be delays in the EHC Needs Assessment process</i>).	Y / N
I agree that my request for an Education, Health and Care Needs Assessment can be shared with education, health and social care practitioners as appropriate and that existing information and advice that may support my request can be sought and shared.	Y / N
I give consent to undergo an Education, Health and Care Needs Assessment of my special educational needs should the Local Authority decide that this is required. This might include new assessments carried out by Education, Health or Social Care Professionals.	Y / N
If an EHC Needs Assessment is necessary, I agree that information and advice about me can be sought, gathered and circulated both to those who have contributed advice and to other practitioners, where appropriate.	Y / N
If it is necessary to issue an Education, Health and Care Plan, I agree that the information collected can be shared and recorded with education, health and social care practitioners, my current school or early years setting and the future school or early years setting where this is applicable.	Y / N
I have had the EHC Needs Assessment Process explained to me and I have understood what it means.	Y / N
Please provide the name and address of your GP or Group Practice (<i>this section must be completed to progress the request</i>):	
Signature:	
Date:	

ALL ABOUT ME - Young Person's Views

Ideas for your child to include are: things I like and dislike, how to support me, people who are important to me, what other people like about me (lovely smile, kind, funny etc.), goals and aspirations, Social care needs including what your child enjoys doing after school and at weekends and what activities they would like to try

Parent/Carer's Views

Please include your aspirations and goals for your child and your views of their special educational needs, social care and health needs and what is needed to support them

INFORMATION ON EDUCATIONAL SETTINGS

Please list all the educational settings you have attended in the last 5 years.

Educational Setting Name	Year Group	Start date	End date	Reason for Leaving

INFORMATION ON YOUR EDUCATIONAL NEEDS

What do you think you are good at and what do you think are some of the challenges you face?

What would you like to achieve?

What do you feel is working well at your current educational placement (where applicable)

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What do you feel is not working well at your current educational placement?

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What support have you received, if any?

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If an EHC Plan is agreed, would you be interested in receiving a personal budget?

Yes / No

INFORMATION ON HEALTH AND SOCIAL CARE

Do your difficulties impact on your family at home? (If so, please say how)

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Are you receiving support from social care? (If so, please provide details including the name of your social worker and details of the support provided)

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Is there any further social care support you feel is needed to support your learning needs?

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Do you have health difficulties which impact on you at home and/ or at an educational setting? (If so, please provide details)

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What support, if any, are you receiving from the health service either at home, clinics and/or at an educational setting? (This may include support from your GP, Therapy Services, Paediatrician, Mental Health Services, community nursing or other specialist. Please provide details of the support provided)

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*Please make sure any professionals listed above are added to the table outlining *Key professionals* involved in providing support

What health support do you feel is needed to support your learning needs?

KEY PROFESSIONALS INVOLVED IN PROVIDING SUPPORT

What key practitioners/services, if any, have been involved with you in the last 24 months?

Name	Name of Service	Contact Details <i>Address and telephone number</i>	Report Attached*?
<i>Example: Jane Wilson</i>	<i>Children's Physiotherapy</i>	<i>Sutton NHS Trust</i>	<i>Yes</i>

**Please note if a report isn't attached or available at the time of application the Local Authority may approach the professionals involved for advice.*

Your Signature		Date	
Print name		Role <i>(if supporting the young person to complete the form)</i>	

ONCE COMPLETED PLEASE RETURN THIS CONSENT FORM WITH PROOF OF ADDRESS TO: preferably by secure email to sen.team@cognus.org.uk or The SEN Service, 24 Denmark Road, Carshalton, SM5 2JG