

## REQUEST FOR AN EDUCATION, HEALTH AND CARE NEEDS ASSESSMENT - Professionals Request

*Please note - this must be typed as it will be copied and circulated to key professionals*

<b>Full name of pupil:</b>		<b>Unique Pupil Number:</b>	
<b>Date of Birth:</b>		<b>Gender:</b>	
<b>Ethnicity:</b>		<b>Current Year Group:</b>	Please specify if the child/ young person is out of chronological year group
<b>Home Address:</b>		<b>Name and Address of Education Setting:</b>	
<b>Post Code:</b>		<b>Post Code:</b>	
<b>Telephone No:</b>		<b>Telephone No:</b>	
<b>Siblings/place in family:</b>		<b>Start Date at School:</b>	
<b>Name of person with parental responsibility:</b>		<b>Name of person with parental responsibility:</b>	
<b>Relationship:</b>		<b>Relationship:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Post Code:</b>		<b>Post Code:</b>	
<b>Contact No:</b>		<b>Contact No:</b>	
<b>e-mail:</b>		<b>e-mail:</b>	
<b>Languages spoken parent/carer 1:</b>		<b>Accessibility Needs of parent/carer 1:</b>	

<b>Interpreter required for parent/carer 1:</b>	<b>Yes / No</b>	<b>If yes, which language?</b>	
<b>Languages spoken parent/carer 2:</b>		<b>Accessibility Needs of parent/carer 2:</b>	
<b>Interpreter required for parent/carer 2:</b>	<b>Yes / No</b>	<b>If yes, which language?</b>	
<b>Name of person making the request</b>		<b>Role:</b>	
<b>Contact details: Email/address/phone</b>			

## Education, Health and Care Needs Assessment – Parental Consent Form

Name of Child/Young Person:
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 you or your child's 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](mailto:sen.team@cognus.org.uk)

Name of Parent/Carer/Guardian/ Young Person (if over 16 and with mental capacity):	
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 for my child to undergo an Education, Health and Care Needs Assessment of his/her 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 my child 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 child's 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

### Child's/Young Person's Views

(insert here if already completed)

*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.*

## Required Information for Requesting an Education, Health and Care Needs Assessment

Please give details of your concerns on the area(s) of need below and the interventions used with the impact of those interventions, along with the strengths of the child/young person:

### Cognition and Learning

**Strengths:**

Identified need	Strategies, interventions and provision made <i>(Please evidence those developed with other professionals)</i>	Impact on learning outcome

### Communication and Interaction

**Strengths:**

Identified need	Strategies, interventions and provision made <i>(Please evidence those developed with other professionals)</i>	Impact on learning outcome

### Social, Emotional and Mental Health

Strengths:		
Identified need	Strategies, interventions and provision made <i>(Please evidence those developed with other professionals)</i>	Impact on learning outcome

### Sensory and/or Physical Needs

Strengths:		
Identified need	Strategies, interventions and provision made <i>(Please evidence those developed with other professionals)</i>	Impact on learning outcome

**Preparation for Adulthood** - required for all young people year 9 or above (although it is best practice to consider this from an earlier age)

### Employment

Strengths:		
Identified need	Strategies, interventions and provision made <i>(Please evidence those developed with other professionals)</i>	Impact on learning outcome


***Independent Living***

**Strengths:**

<b>Identified need</b>	<b>Strategies, interventions and provision made</b> <i>(Please evidence those developed with other professionals)</i>	<b>Impact on learning outcome</b>

***Community Inclusion***

**Strengths:**

<b>Identified need</b>	<b>Strategies, interventions and provision made</b> <i>(Please evidence those developed with other professionals)</i>	<b>Impact on learning outcome</b>

<b>Being Healthy</b>		
<b>Strengths:</b>		
<b>Identified need</b>	<b>Strategies, interventions and provision made</b> <i>(Please evidence those developed with other professionals)</i>	<b>Impact on learning outcome</b>

**In your view, what is the impact of these concerns on the learning of the child/young person, linked to the above areas of need?**

**How do you use the child / young person's strengths to increase learning?**

**Following your 'Assess, Plan, Do, Review' process, what is now working well for the child/young person?**

**And what hasn't worked so well?**

**How is the child/young person's attendance?**

<p><b>Why are you making the request now?</b></p>
---

## Health Needs

<b>Does the child/young person have ongoing and lasting health needs that will require specialist treatment for the foreseeable future?</b>	Yes / No
<i>If yes, please give details:</i>	
<b>Are these health needs likely to impact on the child's / young person's current and future educational progress and attainment?</b>	Yes / No
<i>If yes, please give details:</i>	

## Social Care Needs

<b>Is the child/young person known to Social Care/ Children with Disabilities Team or Early Help/Localities Teams?</b>	Yes / No
<i>If yes, please name the team and social worker/ family support worker</i>	
<p><b>What is the status of the child/young person?</b> (please delete as appropriate)</p> <p><b>Child in Need</b> Yes / No    <b>Looked After Child</b> Yes / No    <b>Adult Services</b> Yes / No</p> <p><b>Subject of Child Protection Plan</b> Yes / No    <b>Adopted/ Special Guardianship</b> Yes / No</p>	
<b>Does the child/young person have access to short breaks provision/ direct payments or any other provision from social care?</b>	Yes / No
<i>If yes, please give details</i>	

**Does the child/young person have social or social care needs that are likely to impact on his/her educational achievement and progress?**

## Educational Attainment and Progress

### Early Years

Areas of Learning		Baseline assessment Date: Age in months:	Latest assessment Date: Age in months:
Personal, Social, Emotional Development	Making relationships		
	Self-confidence and self-awareness		
	Managing feelings and behaviour		
Communication and Language	Listening and attention		
	Understanding		
	Speaking		
Physical Development	Moving and handling		
	Health and self-care		

**Primary and Secondary** *(please explain grading system)*

<b>What progress has the child / young person made?</b>		<b>English</b>	<b>Maths</b>	<b>Science</b>	<b>Other</b> (please explain)
	<b>Current year</b>				
	<b>Last Year</b>				
	<b>Previous year</b>				
<b>How did you differentiate the curriculum?</b>					
<b>What difference did SEN Support make?</b>					
<b>What other strategies could improve progress?</b>					

**Evidence Checklist** - *the following will also be used to inform the decision regarding the EHC Needs Assessment Request*

Have you attached?	Yes / No
Evidence of implementation and impact of your SEN Support plan. This should	
<ul style="list-style-type: none"> <li>● Use the 'Assess, Plan, Do, Review' process</li> </ul>	
<ul style="list-style-type: none"> <li>● Involve the advice and suggestions of external professionals</li> </ul>	
<ul style="list-style-type: none"> <li>● Clearly indicate the child/young person's progress over time in response to the strategies and interventions put in to place to address his/her specific needs</li> </ul>	
<ul style="list-style-type: none"> <li>● Be timely and responsive to changes as above</li> </ul>	
<ul style="list-style-type: none"> <li>● Show how SEN funding has been used specifically for this child/young person to address his/her needs and support his/her strengths</li> </ul>	
<ul style="list-style-type: none"> <li>● Demonstrate the involvement of parents and carers</li> </ul>	
Focus on the current and previous year so that the 'journey' of the child/young person's progress is clear.	
Minutes of SEN Support Plan and Team Around the Family meetings from the last 12 months, to evidence impact of support on achieving outcomes.	
<p>Recent reports from other professionals, e.g. Speech and Language Therapist, Educational Psychologist, Medical evidence</p> <p>Any supporting reports provided should be up to date and normally no more than 18 months old. For children who are under 5 years old, supporting reports would normally be less than 12 months old. Reports that are more than 2 years old will not be considered.</p>	
Provision Map (including costings and duration of input with any additional evidence of impact included)	
Child/Young Person's One Page Profile/ All about me/Circles of Support/ Parental Views/ Dreams and Aspirations	

## External Agencies Currently Involved

If an EHCNA is agreed, advice will be requested from the professionals currently involved. Please list those who have relevant knowledge and information about the child/young person below.

Agency	Name/Role/Contact Details	Report attached?	Date of report	Dates of involvement
Portage Service				
SENCO				
Educational Psychology Service				
Paving the Way				
Hearing Impairment Service				
Visual Impairment Service				
The Limes College				
Sutton Tuition And Reintegration Service (STARS)				
Community Paediatrics Medical Team				
Speech and Language Therapy Service				
Occupational Therapy Service				
Physiotherapy Service				
Child & Adolescent Mental Health Service (CAMHS)				
Health Visitor				
School Nursing				
Dietician				
Specialist Hospital				
Early Help				
Youth Offending Service				
Targeted Youth Scheme				

Children Services				
Children with Disabilities Team / Short Breaks				
Adult Social Care / Transitions Worker				
Other				
Other				

<b>Signature of person making the request</b>		<b>Date</b>	
<b>Print name</b>		<b>Role</b>	

<b>Signature of manager</b>		<b>Date</b>	
<b>Print name:</b>		<b>Role</b>	

<b>Signature or parent / young person</b>		<b>Date</b>	
<b>Print name</b>			

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