

REQUEST FOR AN EDUCATION, HEALTH AND CARE NEEDS ASSESSMENT - Professional's Request

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

Full name of pupil:		Unique Pupil Number:	
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 Education Setting:	
Name of parent/carer:		Name of parent/carer:	
Relationship:		Relationship:	
Parental Responsibility?		Parental Responsibility?	
Address:		Address:	
Post Code:		Post Code:	
Contact No:		Contact No:	
e-mail:		e-mail:	
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 the request		Role:	
Contact details: Email/address/phone			

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 your 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 only use or share this information where necessary to carry out our functions under the Children and Families Act and will not otherwise 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 the 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

Name of Parent/Carer/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 Education Health and Care 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/ for my child/young person 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 Education Health and Care Needs Assessment is necessary, I agree that information and advice about me/my child/young person 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/ my child/young persons current college, school or early years setting and colleges, schools or early years settings that may be consulted about future placement where this is applicable.	Y / N
I have had the Education Health and Care 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/Young Person's Views

Ideas for you/your child/young person 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/young person enjoys doing after school and at weekends and what activities they would like to try.

Parent/Carer Views

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

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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

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?
What hasn't worked so well?
What is the child/young person's rate of authorised/ unauthorised absence?
Why are you making the request now?

Health Needs

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

Social Care Needs

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

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)*

What progress has the child / young person made?		English	Maths	Science	Other (please explain)
	Current year				
	Last year				
	Previous year				

How did you differentiate the curriculum?	
What difference did SEN Support make?	
What other strategies could improve progress?	

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"> ● Use the 'Assess, Plan, Do, Review' process 	
<ul style="list-style-type: none"> ● Involve the advice and suggestions of external professionals 	
<ul style="list-style-type: none"> ● Clearly indicate the child/young person's progress over time in response to the strategies and interventions put in place to address his/her specific needs 	
<ul style="list-style-type: none"> ● Be timely and responsive to changes as above 	
<ul style="list-style-type: none"> ● Show how SEN funding has been used specifically for this child/young person to address his/her needs and support his/her strengths 	
<ul style="list-style-type: none"> ● Demonstrate the involvement of parents and carers 	
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.	
Recent reports from other professionals, e.g. Speech and Language Therapist, Educational Psychologist, Medical evidence 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.	
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.

Name	Name of Service	Contact Details Address and telephone number	Report Attached?*
<i>Example: Jane Wilson</i>	<i>Children's Physiotherapy</i>	<i>Sutton NHS Trust 020 8770 1234</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 information.

Signature of person making the request		Date	
Print name		Role	

Signature of manager		Date	
Print name:		Role	

Signature or parent/carer / young person		Date	
Print name			

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