

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

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

|   |  |  |  |
|---|--|--|--|
| <b>Full name of pupil:</b>                            |  |  |  |
| <b>Date of Birth:</b>                                 |  | <b>Gender:</b>   |  |
| <b>Ethnicity:</b>                                     |  | <b>Current Year Group:</b><br>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 Education Setting:</b>  |  |
| <b>Name of parent/carer:</b>                          |  | <b>Name of parent/carer:</b>   |  |
| <b>Relationship:</b>                                  |  | <b>Relationship:</b>   |  |
| <b>Does this person have parental responsibility?</b> |  | <b>Does this person have parental responsibility?</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:<br/>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 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](mailto:sen.team@cognus.org.uk).

|  |       |
|--|-------|
| Name of Parent/Carer:  |       |
| 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/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 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 child/young person’s current school/college or early years setting and schools/college 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 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/college and at weekends and what activities they would like to try*

### Parent/Carer's 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*

**INFORMATION ON EDUCATIONAL SETTINGS**

**Please list all the educational settings your child/young person has attended in the last 5 years.**

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

## PARENT / CARER VIEWS

This section provides you with the opportunity to give your views of your child/young person's difficulties and the support that you think might be needed to meet their Special Educational Needs in their educational setting. It is important to provide us with as much information as possible as this will help the Local Authority to decide whether an EHC Needs Assessment is required.

### INFORMATION ON YOUNG PERSON'S EDUCATIONAL NEEDS

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| <b>What do you think your child/young person is good at and what do you think are some of the challenges they face?</b> |
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| <b>What would you like to see your child/young person achieve?</b> |
|  |

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|---|
| <b>What do you feel is working well at the current educational placement (where applicable)</b> |
|   |

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|--|
| <b>What do you feel is not working well at the current educational placement? (where applicable)</b> |
|  |

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|---|
| <b>What support has your child/young person received, if any?</b> |
|   |

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

Yes / No

## **INFORMATION ON HEALTH AND SOCIAL CARE**

**Does your child/young person's difficulties impact on your family at home?**

(If so, please say how)

**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)

**Is there any further social care support you feel is needed to support your child/young person's learning needs or disability?**

**Does your child/young person have health difficulties which impact on them at home and/or at an educational setting?**

(If so, please provide details)

**What support, if any, is your child/young person 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\*)

\*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 as a result of your child/young person's learning needs or disability?**

**KEY PROFESSIONALS INVOLVED IN PROVIDING SUPPORT**

**What key practitioners/services, if any, have been involved with your child/young person in the last 24 months?**

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

*\*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.*

|   |  |                     |  |
|---|--|---------------------|--|
| <b>Signature of person making the request</b> |  | <b>Date</b>         |  |
| <b>Print name</b>                             |  | <b>Relationship</b> |  |

|  |  |             |  |
|--|--|-------------|--|
| <b>Signature of young person (if 16 or over)</b> |  | <b>Date</b> |  |
| <b>Print name</b>                                |  |             |  |

**ONCE COMPLETED PLEASE RETURN THIS CONSENT FORM WITH PROOF OF ADDRESS TO (e.g. council tax bill/ utility bill etc.): 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**