

## REQUEST FOR AN EDUCATION, HEALTH AND CARE NEEDS ASSESSMENT - Young Person 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:</b>			
<b>Date of Birth:</b>		<b>Gender:</b>	
<b>Ethnicity:</b>		<b>Current Year Group:</b> <i>Please specify if child/ young person is out of chronological year group</i>	
<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 parent or carer:</b>		<b>Name of parent or carer:</b>	
<b>Relationship:</b>		<b>Relationship:</b>	
<b>Does the parent or carer have parental responsibility?</b>		<b>Does the parent or carer 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 by young person:</b>		<b>Accessibility Needs of</b>	

		<b>young person:</b>	
<b>Interpreter required by young person:</b>	<b>Yes / No</b>	<b>If yes, which language?</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 supporting the young person to make the request (if applicable)</b>		<b>Role:</b>	
<b>Contact details: Email/address/phone of young person</b>			

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

Your Name:
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 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 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).

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 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 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 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, college or educational setting and schools, colleges or educational 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:

If this form is signed on behalf of the young person please indicate the relationship of the signatory to the young person and the reason why they are signing on the young person's behalf :

## **ALL ABOUT ME Young Person's Views**

*Ideas to include are: things I like and dislike, how to support me, people who are important to me, what other people like about me, goals and aspirations, Social care needs including what you enjoy doing after school/college and at weekends and what activities you would like to try*

## **Parent/Carer Views**

*Please include your aspirations and goals for the 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 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?**

--

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

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

<b>What support have you received, if any?</b>

<b>If an EHC Plan is agreed, would you be interested in receiving a personal budget?</b>
<b>Yes / No</b>

## Information on Health and Social Care

**Do your difficulties impact on you and 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 as a result of your disability or learning needs?**

**Do you have health difficulties which impact on you at home and/ or at an educational setting?**

(If so, please provide details)

**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)

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

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

**KEY PROFESSIONALS INVOLVED IN PROVIDING SUPPORT**

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

Name	Name of Service	Contact Details <small>Address and telephone number</small>	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 advice.*

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

**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](mailto:sen.team@cognus.org.uk) or The SEN Service, 24 Denmark Road, Carshalton, SM5 2JG**