

**Request for Education, Health and Care Needs Assessment**

Parent/ Carer’s Request

Please ensure you have completed all sections and included all of the required paperwork and consent forms before returning this referral.

Please return this form with all supporting documents to: EEYservice@cityoflondon.gov.uk

Request checklist:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Included? |  | Included? |
| Signed consent, including the signature of the young person if they are aged 16 or older |[ ]  All sections of this document completed, to the best of your knowledge |[ ]
| Copies of any relevant assessments of diagnosis. |[ ]  You have met the SENCo at your child’s school, or education setting, and they are aware this request is being made. |[ ]

2. Personal Information

Name

|  |
| --- |
|  |

Date of Birth

|  |
| --- |
|  |

Gender

|  |
| --- |
|  |

Ethnicity

|  |
| --- |
|  |

Language Spoken at home

|  |
| --- |
|  |

Is the Child/ Young person a Looked After Child

|  |
| --- |
|  |

Care Authority

|  |
| --- |
|  |

Educational Setting and address

|  |
| --- |
|  |

Name of Parent/ Carer with parental responsibility

|  |
| --- |
|  |

Relationship to child/ young person

|  |
| --- |
|  |

Contact Number

|  |
| --- |
|  |

Email Address

|  |
| --- |
|  |

Address if different from the child/ young person

|  |
| --- |
|  |

Address

|  |
| --- |
|  |

Contact Number (If 16 or over)

|  |
| --- |
|  |

Religion

|  |
| --- |
|  |

Interpreter Required?

|  |
| --- |
| [ ]  yes [ ]  no |

UPN Number

|  |
| --- |
|  |

NHS Number

|  |
| --- |
|  |

National Curriculum Year Group (Please indicate if out of year group)

|  |
| --- |
|  |

Date started at Education Setting

|  |
| --- |
|  |

Name of Parent/ Carer with parental responsibility

|  |
| --- |
|  |

Relationship to child/ young person

|  |
| --- |
|  |

Contact Number

|  |
| --- |
|  |

Email Address

|  |
| --- |
|  |

Address if different from the child/ young person

|  |
| --- |
|  |

Education Details

|  |  |
| --- | --- |
| If applicable, SENCo’s Name |  |

|  |
| --- |
| What are your child’s special educational needs? |
|  |

|  |
| --- |
| What current support is in place for your child at school? |
|  |

|  |
| --- |
| How do you feel having an EHCP would support your child? |
|  |

Family Support

Support the Family Receives

|  |  |  |
| --- | --- | --- |
| Name and Relationship | Type of Support Given | Frequency of Support |
| *(Example J. Doe – Grandparent)* | *(Helps with picking up and dropping off to school)* | *(twice a week)* |
|  |  |  |
|  |  |  |
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Involvement of Other Agencies

Please indicate all of the following that apply

|  |  |
| --- | --- |
| Continuing Care |[ ]  Early Help Family Support Plan |[ ]
| Adopted/ Special Guardianship |[ ]  Early Years Pupil Premium |[ ]
| Looked after child/ care leaver |[ ]  Pupil Premium |[ ]
| Child Protection plan |[ ]  Disability Access Fund |[ ]
| Child in Need plan |[ ]  Child or an armed service personal |[ ]
| Disability Living Allowance |[ ]   |

Professionals who have or are working with you and your child

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agency/ Role | Name | Current Involvement? | Email Address | Phone Number | Report Included? |
|  |  |[ ]   |  |[ ]
|  |  |[ ]   |  |[ ]
|  |  |[ ]   |  |[ ]
|  |  |[ ]   |  |[ ]
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|  |  |[ ]   |  |[ ]
|  |  |[ ]   |  |[ ]
|  |  |[ ]   |  |[ ]

Wishes and Aspirations

**Child/Young person’s Views**

|  |
| --- |
| **Hobbies and Interests – *What do you enjoy doing? What are you good at? Where do you go to do these things? Is there anything that stops you doing these things?*** |
|  |

|  |
| --- |
| **Education– *What do you like about school/ college? What are you good at? What do you find difficult? What helps you learn?*** |
|  |

|  |
| --- |
| **Aspirations – *What are your goals for your future?***  |
|  |
| **Difficulties– *What do you find difficult? Is there anything that makes you feel stressed of worried? What do you feel you need help with?***  |
|  |

|  |
| --- |
| **Communication – *How do you like information to be shared with you? (This could be through talking, small groups, pictures, signing, using technology, etc)*** |
|  |
| ***How can we involve you in the decision making and make sure your voices are understood?*** |
|  |

Parent/ Carer’s Views

What are your child’s strengths/ weaknesses in the following areas?

|  |  |
| --- | --- |
|  | Knowledge, skills and understanding |
| Strength |  |
| What could be improved? |  |

|  |  |
| --- | --- |
|  | Communicating with others and joining in  |
| Strength |  |
| t could be improved? |  |

|  |  |
| --- | --- |
|  | Physical Skills |
| Strength |  |
| t could be improved? |  |

|  |  |
| --- | --- |
|  | Making friends and appropriately showing their feelings |
| Strength |  |
| t could be improved? |  |

What would you like your child to be able to do in the future?

|  |
| --- |
| In the next 12 months |
|  |
| What skills will they need to develop? |
|  |

|  |
| --- |
| In the next 5 years |
|  |
| What skills will they need to develop? |
|  |

|  |
| --- |
| As an adult? |
|  |
| What skills will they need to develop? |
|  |

Child/Young Person’s History

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| --- |
| Please briefly outline your child’s history, including any relevant information regarding their educations, health or care needs. This information should include information about any professionals who have previously worked with your child. |
|  |

Reasons for Requesting an EHC Needs Assessment

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| --- |
| Please briefly outline your reasons why you feel an EHC needs assessment and EHC Plan is required to meet the needs of your child or young person.  |
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7. Health Details

**GP Details**

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| --- | --- | --- |
| GP’s Name | GP’s Address | NHS Number |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Disability/ Diagnosis/ Known Condition/s | Diagnosed of Under Investigation? | Date of Diagnosis | Name of Professional who Diagnosed | Is Medication Required? | Is Medication Taken During School/ College Hours? |
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| --- | --- |
| Does the medical condition pose a risk to your child or to others? *(If yes, please describe in the box below)* | [ ]  Yes[ ]  No |
|  |

|  |
| --- |
| If currently receiving medical treatment, please describe here |
|  |

8. Social Care Details

|  |  |
| --- | --- |
| Are Social Care currently involved with the family? *(If yes, please detail in the box below the statutory/ legal measures that are in place).* | [ ]  Yes[ ]  No |
|  |
| If appropriate; name of Social Worker supporting the family |  |

**9. Consent**

**As part of an EHC Needs Assessment, the City of London are required to contact agencies working with your child, as well as other agencies which could support the assessment process. Please tick the following boxes to confirm that you give consent to the City of London sharing information with the following purposes:**

[ ]  to gather information and evidence to aid us to decide about whether to carry out an Education Health Care (EHC) needs assessment

[ ]  to share information as part of an EHC needs assessment

[ ]  to share information as part of an annual review of an EHCP

[ ]  to share information where a learning delay may be discovered with the CCG/GP in order that an annual health check can be carried out.

[ ]  to disclose the EHCP and any supporting information to agencies and individuals who are responsible for commissioning or delivering provision as set out in the EHCP.

|  |
| --- |
| I agree to the request for assessment of my child. |
| Name |  |
| Relationship to Child |  |
| Signature |  |
| Date |  |