

**EDUCATION, HEALTH AND CARE ASSESSMENT REQUEST FORM**

**CONTEXT**

This information must be provided in accordance with the Children and Families Act 2014. In the first instance all educational settings are required to use their best endeavours to meet the needs of children and young people identified with Special Educational Needs. In providing information, the educational setting must evidence the following:

* The child/young person’s special educational needs resourced support plan, asprovided for them under the Additional Support Stage of the Code of Practice 2014
* The educational setting’s assessment of the child/young person’s strengths and difficulties, and the impact of both of these on the child/young person’s progress
* The external professional advice that has been sought, and how it has been used to improve access to learning and other outcomes
* Details of the support and interventions that have been provided for the child/young person over time, and the impact on these on learning and other outcomes
* An assessment by the educational setting of the progress made over time
* The outcomes sought for the child/young person

**PLEASE ENSURE THIS REQUEST IS WORD PROCESSED, NOT HANDWRITTEN.**

**Handwritten copies will be returned.**

|  |  |
| --- | --- |
| **NAME OF SCHOOL** | Enter name of school here |
| **PHASE** | Early Years / Primary / Secondary / Post 16 |

**The local authority may use this form and supplementary information, if appropriate, to inform an Education, Health and Care Needs Assessment**

**CHILD/YOUNG PERSON’S DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename:** |  | **Surname:** |  |
| **Home address:** |  | | |
| **Home borough:** |  | **Gender:** |  |
| **Date of Birth:** |  | **Age:** |  |
| **Ethnicity:** |  | **Religion:** |  |
| **Languages spoken at home:** |  | **Is interpretation required?** |  |
|  | | | |
| **Name of Parent/Carer:** |  | | |
| **Address:** |  | | |
| **Telephone:** |  | | |
| **Email address:** |  | | |
|  | | | |
| **Name of Parent/Carer :** |  | | |
| **Address:** |  | | |
| **Telephone:** |  | | |
| **Email address:** |  | | |
|  | | | |
| **Name of Educational Setting:** |  | | |
| **Setting Address:** |  | | |
| **Year Group at time of request:** |  | **Unique Pupil Number:** |  |
|  | | | |
| **Name of GP Surgery:** |  | **NHS Number:** |  |
| **Address of GP Surgery:** |  | | |

**\*\*\*Please note, GP information must be completed to progress this request\*\*\***

**Part 1: INFORMATION REGARDING STRENGTHS AND DIFFICULTIES**

What do you consider the child/young person’s strengths and difficulties to be, and how are these helping or impacting on his/her progress?

**EDUCATION**

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| **Cognition and learning** |
| Strengths and how these are helping learning |
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| Difficulties and how these are impacting on learning |
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| --- |
| **Communication and interaction** |
| Strengths and how these are helping learning |
|  |
| Difficulties and how these are impacting on learning |
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| **Sensory and/or physical** |
| Strengths and how these are helping learning |
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| Difficulties and how these are impacting on learning |
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| **Social, emotional and mental health** |
| Strengths and how these are helping learning |
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| Difficulties and how these are impacting on learning |
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**HEALTH**

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| **Health needs and how these are impacting on learning.** |
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| **Please also give details of support, if any, that the child/young person is receiving from the health services either at home, clinics and/or at an educational setting eg from their GP, Therapy Services, Paediatrician, and Mental Health Services, community/school nursing or other specialist.** |
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| **Any other health needs** |
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**SOCIAL CARE**

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| **Social care needs and how these are impacting on learning.** *.* |
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| **Please give details of support, if any, that the child/young person is receiving from social care or other relevant services either at home and/or at an educational setting eg from Family Services, Youth Offending Services, Early Help Services, early years/play groups or youth clubs, or other specialist services** |
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| **Any other social care needs?** |
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**EVIDENCE**

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| **Please give details of reports / observations that provide evidence to support the needs stated above:** |
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**ATTENDANCE RECORD DURING THE PAST YEAR**

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| **Please provide percentage of unauthorised and authorised attendance, along with any other relevant information.** |
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**Part 2: CURRENT STRATEGIES**

All educational settings are provided with resources to support pupils and students with additional needs, SEN and disabilities.

Please therefore identify the provision made from the schools delegated budget to address the child/young person’s needs and the outcomes of this, and if you have applied for additional funding from the Local Authority contingency fund, the outcomes of this.

**Current support arrangements:** give details of the targeted support the child/young person receives that is additional to and different from normal differentiated classroom/group arrangements

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| --- | --- |
| **Type of provision / intervention** |  |
| **Frequency and duration** |  |
| **Delivered by** |  |
| **Start date** |  |
| **Review date** |  |
| **Outcomes of provision / intervention** |  |
| **SEN delegated budget** | £ |
| **Contingency funding** | £ |

|  |  |
| --- | --- |
| **Type of provision / intervention** |  |
| **Frequency and duration** |  |
| **Delivered by** |  |
| **Start date** |  |
| **Review date** |  |
| **Outcomes of provision / intervention** |  |
| **SEN delegated budget** | £ |
| **Contingency funding** | £ |

|  |  |
| --- | --- |
| **Type of provision / intervention** |  |
| **Frequency and duration** |  |
| **Delivered by** |  |
| **Start date** |  |
| **Review date** |  |
| **Outcomes of provision / intervention** |  |
| **SEN delegated budget** | £ |
| **Contingency funding** | £ |

**Part 3: OUTCOMES**

An outcome is described as “the benefit or difference made to an individual as a result of an intervention”. What outcomes are you intending to bring about, and what resources do you think would help make this desired difference?

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| **Outcome 1** |  | |
| **Steps towards the outcome:** |  | |
| *What needs to happen?* | | *What resources might this need?* |
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| **Outcome 2** |  | |
| **Steps towards the outcome:** |  | |
| *What needs to happen?* | | *What resources might this need?* |
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Please duplicate the table for any further outcomes

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| **Name of Person making request:** |  |
| **Print job title:** |  |
| **Signature:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **Name of Person Authorising request:** |  |
| **Print job title:** |  |
| **Signature:** |  |
| **Date:** |  |

**Please ensure that:**

1. **The parental consent form (including proof of parent address) is submitted along with this application – *please see next page***
2. **All relevant parts are completed**
3. **Any relevant documents, professional reports etc (dated within the past year) are included.**

**If these are not provided, this document will be returned to you.**

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

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| **Name of Child/Young Person:** |
| **Early Years Setting/ School/ College Setting currently attending:** |

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| --- | --- |
| I am a resident of Royal Borough of Kensington and Chelsea / London Borough of Hammersmith and Fulham / Westminster (please delete as needed). | 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. | 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 🞏 |

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| Please provide the name and address of your GP or Group Practice (*this section must be completed to progress the request*): |

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| My preferred method of communication is (please tick)  Email and my preferred email address is:  Letters through the Post |

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| --- |
| Name of Parent/Carer/Guardian: |
| Full Address: |
| **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 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** [**SEND@lbhf.gov.uk**](file:///\\HOF5C\asat$\My%20Documents\Downloads\SEND@lbhf.gov.uk)**.**  **I give consent for my residency to be checked against council systems, i.e. council tax**  **I do NOT give consent for my residency to be checked against council systems, i.e. council tax**  **and I understand this could cause delay to the EHC Needs Assessment process.**    **I give my consent for my information to be shared with a third party EHC Plan Writer**  **I do NOT give consent for my information to be shared with a third party EHC Plan writer, and I understand this could cause delay to the EHC Needs Assessment process.** |
| **Signature:** |
| Date: |

**ONCE COMPLETED PLEASE RETURN THIS CONSENT FORM WITH PROOF OF ADDRESS TO:** The EHC Planning Service, 145 King Street, Hammersmith, London W6 9JT **or preferably by secure email to SEND@lbhf.gov.uk**

For office use only

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| --- | --- | --- | --- |
| Date Received: |  | Response due by: |  |
| Case Officer: |  | Panel Date: |  |