

**PARENTAL REQUEST FOR AN EDUCATION, HEALTH AND CARE ASSESSMENT**

This form gives you the chance to give your views about a child / young person’s special educational needs.

**CHILD/YOUNG PERSON’S DETAILS**

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| **Forename:** |  | **Surname:** |  |
| **Home address:** |  |
| **Date of Birth:** |  | **Gender:** |  |
| **Ethnicity** |  | **Religion:** |  |
| **Languages spoken at home** |  | **Is interpretation required?** |  |
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| **Name of Parent/ Carer :** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email address:** |  |
|  |
| **Name of Parent/ Carer :** |  |
| **Address:** | **PLEASE NOTE THAT THE MAIN METHOD OF COMMUNICATION FROM THE LOCAL AUTHORITY WILL BE EMAIL. IF YOU WOULD PREFER US TO CONTACT YOU THROUGH PAPER LETTERS, MAILED TO YOU, PLEASE CROSS THIS BOX:**  |
| **Telephone:** |  |
| **Email address:** |  |
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| **Name of Educational Setting:** |  |
| **Setting Address:** |  |
| **Year Group at time of assessment:** |  | **Unique Pupil Number:** |  |
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| **Name of GP Surgery:** |  | **NHS Number:** |  |
| **Address of GP Surgery:** |  |

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

**PARENTAL VIEWS**

This section provides you with the opportunity to give your assessment of your child’s difficulties and the support that you believe is necessary 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 assist the Local Authority in deciding whether an EHC Needs Assessment is required.

**INFORMATION ON EDUCATIONAL SETTINGS**

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

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| **Educational Setting Name** | **Year Group** | **Start date** | **End date** | **Reason for Leaving** |
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**INFORMATION ON YOUNG PERSON’S EDUCATIONAL NEEDS**

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| **What do you think your child is good at and what do you think are some of the challenges they face?** |
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| **What would you like to see your child achieve?** |
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| **What do you feel is working well at the current educational placement?** |
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| **What do you feel is not working well at the current educational placement?** |
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| **What support has your child received, if any?** |
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| **What support do you believe they require?** |
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| **How do you think an Education Health and Care Plan would help your child in their educational placement?** |
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| **If an EHC Plan is agreed, would you be interested in receiving a personal budget?**  |
| ☐ Yes ☐ No |

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| **If so, what educational support would you use a personal budget to provide?** |
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**INFORMATION ON HEALTH AND SOCIAL CARE**

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| **Do your child’s difficulties impact on your family at home?** (If so, please say how) |
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| **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) |
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| **Is there any further social care support you feel is necessary to support your child’s learning needs?** |
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| **Does your child have health difficulties which impact on them at home and/ or at an educational setting?** (If so, please provide details) |
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| **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) |
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**\***Please makesure any professionals listed above are added to the table outlining *Key professionals* involved in providing support

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| **What health support do you feel is necessary to support your child/young person’s learning needs?** |
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**CHILD/YOUNG PERSON’S VIEWS**

This section provides you with the opportunity to let us know about you and the support you feel is required to meet your Special Educational Needs in your education setting. It is important that you provide as much information as possible as this will assist the Local Authority in deciding whether an EHC Needs Assessment is required.

**About Me:**

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| **Please tell us about yourself** |
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| **What do you like doing?** |
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| **Tell us what is important to you and why?** |
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| **Please tell us about your family and the relationship you have with them?** |
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| **Explain why you think and Education, Health and Care Plan could be helpful to you.** Include details about what it is that isn’t working for you right now and how having a plan would make this better? |
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**KEY PROFESSIONALS INVOLVED IN PROVIDING SUPPORT**

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

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| **Name** | **Name of Service** | **Contact Details** *Address and telephone number* | **Report Included?** |
| *Example: John Smith* | *Children’s Physiotherapy*  | *Cheyne Child Development Centre, Chelse and Westminster Hospital. Tel: 0012 3456* | *Yes* |
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**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.**

**Education, Health and Care Needs Assessment - Consent Form**

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| **Name of child / young person:****DOB:** |
| **School or early years setting currently attending:**  |

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| I am a resident of Royal Borough of Kensington and Chelsea/ London Borough of Hammersmith and Fulham/ City of Westminster. I have enclosed proof of my address.**Proof required**: This must be a copy of your Council Tax bill, Tenancy Agreement or Local Authority Rent Book plus a gas or electricity bill that is no more than three months old.  | Y 🞏N 🞏 |

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| --- | --- |
| 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. 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 🞏Y 🞏N 🞏 |
| If a 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.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 🞏Y 🞏N 🞏 |

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| Name of Parent/Carer/Guardian: |
|  Signature: |
| Date: |

**ONCE COMPLETED PLEASE RETURN THIS CONSENT FORM TO: INSERT H&F DETAILS**

**NEED SUPPORT TO COMPLETE THIS FORM?**

The EHC Planning Service will be happy to answer any questions that you may have about the completion of this form: **Tel: 020 8753 1021** **e-mail: SEND@LBHF.GOV.UK**

**How can I get independent advice or support?**

The following organisations can help with independent support, information or advice to help parents and young people understand the EHC Needs Assessment process.

The Information, Advice and Support Service

The Information, Advice and Support Service is a free service for children and young people. They can help you find out about your rights under the law and about the Education, Health and Care Needs Assessment. The IASS can be contacted at: wlpp@insightsesc.co.uk - 020 8840 9099

Independent Supporters:

Independent Supporters work with families and young people going through the EHC Needs Assessment process and can support you in meetings. If you would like to speak to an Independent Supporter, you can contact them on:ISHammersmithFulham@barnardos.org.uk - 0808 800 0037

For more information about what further help is available in your area you can go to the Local Offer**:** [www.lbhf.gov.uk/localoffer](http://www.lbhf.gov.uk/localoffer)

If you would like the Local Authority to put you in touch with an Independent Supporter, please tick this box ☐

Please return this form, together with any reports to:

**The EHC Planning Service**

**145 King Street, Hammersmith, London W6 9JT**

**Email: send@lbhf.gov.uk**

Office Use:

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