

Request for an Education, Health and Care Needs Assessment

• The information provided in this request will be used by the local authority to make a decision to proceed, or not to proceed, with an Education, Health and Care (EHC) needs assessment for the named child/ young person.

Consent

Please confirm that consent has been explicitly given by the Parent, Carer, Guardian or Young Person (over 16) to the gathering and sharing of information between the child or young person's educational setting, health services, social care or other professionals / organisations as necessary to support the EHC assessment and planning process.

Consent not given.

Please record any limitations expressed by the Parent, Carer, Guardian or Young Person (over 16) to the gathering and sharing of information (i.e. are there any individuals or organisations with whom information should not be shared? Please give reasons):

Details of Person Requesting an EHC Needs Assessment

Has the request come from the young person? (over 16 years)		No	
Name:		Relationship to child/ young person:	
Emal address:		Telephone number:	
Organisation (if applicable):		Role or title (if applicable):	
Preferred spoken language:		Preferred written language:	
Address:			
Preferred method of contact:		Date of request:	
Is this the first request made for the child/ young person?	NULL	Date of previous request (if known):	
Obital/Varana Da	Detelle		

Child/Young Person Details

Last name:	First name:	
Middle name(s):	Preferred name:	
Date of birth:	Gender:	
UPN:	Ethnicity:	
NHS number:	Preferred spoken language:	
Legal status:	Preferred written language:	
Internal system reference:	Preferred method of contact:	
Email address:	Main telephone number:	
Home address:		

Child/Young Person's Main Contacts (Family and Involved Professionals)

Name:	Relationship or role:	
Organisation (if applicable):	Preferred language:	
Email address:	Telephone number:	
Preferred method of contact:	Has perental responsibility	No
Address:		

Details of the Child/Young Person's Current Education Setting(s) Setting name: Type of setting: DfE URN: Ofsted URN: Email address: Telephone number: Address: Start date: Year group: Percentage attendance of child or young person in the last year and any comments on this: Additional details: Details of the Child/Young Person's Previous Education Setting(s) Setting name: Type of setting: DfE URN: Ofsted URN: Email address: Telephone number: Address: Start date: Leaving date: Reason for leaving: Percentage attendance of child or young person in the last year and any comments on this: Additional details:

Important Information About the Child/Young Person

What historical information about the child or young person's Special Educational Needs (SEN) is relevant?
What historical information about the child or young person's health needs is relevant?
What historical information about the child or young person's social care needs is relevant?

Views and Opinions of the Child/Young Person

Was the child/ young person involved in the discussion that led to this request?	No
(If the child/ young person was not involved in the discussion that led to this request) Please ex	cplain why:
What is working well for you in your current education setting?	
What is not working well for you in your current education setting? What do you think might hel	p?
	•
Views and Opinions of the Parent(s) or Carer(s)	
Has the parent(s) or carer(s) been involved in the discussions that led to this request?	No
(If the parent(s) or carer(s) have not been involved in the discussion that led to this request) Ple	ease explain why:
What is working well for the child/ young person in their current education setting?	
What is not working well for the child/ young person in their current education setting? What do	you think might help?
Identified Special Educational Needs (SEN)	
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Communication and Interaction	
Communication and Interaction Is 'Communication and Interaction' an identified area of SEN?	No
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Is 'Cognition and Learning' an identified area of SEN?	No
What are the child or young person's strengths related to learning in this area?	
What are the child or young person's special educational needs related to learning in this area?	
What has the current education setting already put into place to support these needs?	
What has been the effect of any support or strategies already put into place by the education set	ting?
If there are any anticipated outcomes, please provide the relevant detail below. Outcomes should measurable, achievable, realistic, time-bound) and should specify if they are education or training	
Outcome	
Support needed:	
Sensory and/ or Physical Health	
Is 'Sensory and/ or Physical Health' an identified area of SEN?	No
What are the child or young person's strengths related to learning in this area?	
What are the child or young person's special educational needs related to learning in this area?	
What has the current education setting already put into place to support these needs?	
What has been the effect of any support or strategies already put into place by the education set	ting?
If there are any anticipated outcomes, please provide the relevant detail below. Outcomes should measurable, achievable, realistic, time-bound) and should specify if they are education or training	
Outcome	
Support needed:	

Is 'Social, Emotional and Mental Health' an identified area of SEN?	No	
What are the child or young person's strengths related to learning in this area?		
What are the child or young person's special educational needs related to learning in this are	a?	
What has the current education setting already put into place to support these needs?		
What has been the effect of any support or strategies already put into place by the education	setting?	
If there are any anticipated outcomes, please provide the relevant detail below. Outcomes sho measurable, achievable, realistic, time-bound) and should specify if they are education or train		
Outcome		
Support needed:		
Documents		
Additional documents provided with this request:		