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

**(Parent/Carer/Young Person)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Guidance** | | | | | | | | | | |
| **This request is made in accordance with section 36 of the Children and Families Act 2014**. | | | | | | | | | | |
| **Person making request:** | | Parent/carer |  | | | | Young Person 16+ | | |  |
|  | | | | | | | | | | |
| **Child/Young Person’s Details** | | | | | | | | | | |
|  | | | | | | | | | | |
| First Name(s): |  | | | | | | | | | |
| Surname: |  | | | | Date of Birth: | | | |  | |
| Address: |  | | | | | | | | | |
|  | | | | | | Post Code: | | |  | |
| Educational setting: |  | | | | | Year Group: | | |  | |
| Contact details if YP is making request themselves: |  | | | | | | | | | |
|  | | | | | | | | | | |
| **Parent(s)/Carer(s) Details** | | | | | | | | | | |
|  | | | | | | | | | | |
| Parent/carer (1) name |  | | | | | | | | | |
| Relationship: |  | | | | | | | | | |
| Address (if different) |  | | | | | | | | | |
|  | | | | | | Post Code: | | |  | |
| Contact Number: |  | | | Email: | | | |  | | |
|  | | | | | | | | | | |
| Parent/carer (2) name |  | | | | | | | | | |
| Relationship |  | | | | | | | | | |
| Address: (if different) |  | | | | | | | | | |
|  | | | | | | Post Code: | | |  | |
| Contact Number: |  | | | Email: | | | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Special Educational Needs** | | | | |
| Please indicate the difficulties which you consider are acting as barriers to your or your child’s access to the curriculum | | | | |
| **Communication and Interaction** | Yes |  | No |  |
| **Cognition and Learning** | Yes |  | No |  |
| **Social, Emotional and Mental Health** | Yes |  | No |  |
| **Sensory and/or Physical Needs** | Yes |  | No |  |

|  |
| --- |
| **Useful Information** |
| Please give further detail of your/your child’s needs and detail why you feel an Education, Health and Care needs assessment is necessary in relation to the following:   * A summary of your/your child’s special educational needs * The educational outcomes you believe are not being met * The support you believe is required   Please attach any relevant school or setting and professional reports and continue on an additional sheet if necessary): |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Support / Services** | | | |
| Please indicate if you are/ your child is receiving any support from services such as:   * The Educational Psychology Service * The Sensory Specialist Teacher Team * Health Professionals * Social Care   If reports they have recently written are available please attach and indicate in the table | | | |
| Name: | Contact Details: | Details of the Support/Service Provided: | Report Attached: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature(s)** | | | |
| I/We would like you to request an EHC needs assessment of my own for my/our child/young person’s special educational needs. | | | |
| Full Name: |  | Full Name: |  |
| Signature: |  | Signature: |  |
| Date: |  | Date: |  |
| **Please return this form together with a** [**permissions form**](http://www.essexlocaloffer.org.uk/file/essex-consent-form-ehcna/) **and any reports or other supporting information, to your local SEND Operations team:** | | | |
| **Mid:** Covering Braintree, Chelmsford, Halstead and Maldon | | **South:** Covering Basildon, Billericay, Brentwood, Castle Point, Rochford and Wickford | |
| [EHCRequestMid@essex.gov.uk](mailto:EHCRequestMid@essex.gov.uk)  **SEND Operations**  E2 County Hall  Market Road  Chelmsford  CM1 1QH | | [EHCRequestSouth@essex.gov.uk](mailto:EHCRequestSouth@essex.gov.uk)  **SEND Operations**  Ground floor,  Ely House,  Churchill Avenue  Basildon,  SS14 2BQ | |
| **North East:** Covering Colchester and Tendring | | **West:** Covering Epping, Harlow and Uttlesford | |
| [EHCRequestNorthEast@essex.gov.uk](mailto:EHCRequestNorthEast@essex.gov.uk)  **SEND Operations**  Ground floor,  Essex House,  200, The Crescent  Colchester  CO4 9YQ | | [EHCRequestWest@essex.gov.uk](mailto:EHCRequestWest@essex.gov.uk)  **SEND Operations**  Ground floor,  Goodman House,  Station Approach  Harlow  CM20 2ET | |

|  |  |  |  |
| --- | --- | --- | --- |
| For Office Use: | | | |
|  | | | |
| Date Received: |  | Response Due By: |  |
| Officer: |  | Initiation Panel Date: |  |