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

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

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| **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+ |  |
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| **Child/Young Person’s Details** |
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| First Name(s): |  |
| Surname: |  | Date of Birth: |  |
| Address: |  |
|  | Post Code: |  |
| Educational setting: |  | Year Group: |  |
| Contact details if YP is making request themselves: |  |
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| **Parent(s)/Carer(s) Details** |
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| 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: |  |

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| **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 |  |

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| **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): |
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| **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: |
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| **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**SEND Operations** E2 County HallMarket RoadChelmsfordCM1 1QH | 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**SEND Operations** Ground floor, Essex House, 200, The CrescentColchester CO4 9YQ | EHCRequestWest@essex.gov.uk **SEND Operations** Ground floor, Goodman House,Station Approach Harlow CM20 2ET |

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