

South Gloucestershire Council

EHC Co-ordination Team

Parent or Young Person's Request for an Education, Health and Care (EHCna) Needs Assessment

This is an application form to request an Education, Health and Care needs assessment.

Please do not worry if you cannot complete all the boxes, but the more information you give, the more able we will be to make an informed decision.

The 20-week process starts once the form is received by the Access and Response Team (see below for details of how to submit it). You will receive an acknowledgement when it has been received.

If you have any questions about completing this form, in the first instance please contact the 0-25 SEND team duty officer on 01454 865137.

You can find out more about Education, Health and Care plans on the Local Offer webpage at <http://www.southglos.gov.uk/health-and-social-care/care-and-support-children-families/local-offer/local-offer-education-health-and-care-plans/>

If you want to talk to someone who is independent and knows about special educational needs, you can get help from Supportive Parents, who can be contacted in the following ways:

Telephone: 0845 790 9090

Email: support@supportiveparents.org.uk

Website: www.supportiveparents.org

If you are completing this form electronically, please email it to the Access and Response Team (if you want to send it by securemail, please telephone Access and Response for further information about how to do this).

Tel: **01454 866000**

Email address: accessandresponse@southglos.gov.uk

Alternatively, if you are completing this form as a hard copy, you can post it to us:

Access and Response Team

PO Box 1955

Bristol BS37 0DE

Part 1: About your child/young person

Child/young person's first name(s):		Child/young person's surname:	
Date of birth:		Gender:	
What is the child/young person's ethnicity?	Choose an item.	If the child/young person prefers to be known by another name, please provide it here:	
Address: (If the child/young person lives at two different addresses, please give the address where the child/young person lives for more than 50% of the time)			
Contact details for young person: (if over 16 and they wish to be contacted directly)			
Home Language:		Does your child/young person need an interpreter?	
Is the child/young person a Looked After Child?	Yes/No	If yes, please provide the name of the responsible Local Authority	
		Details of the child/young person's Social Worker:	
		Name of Social Worker:	
		Address:	
		Telephone Number:	
		E-mail address:	

Part 2: About the Child/Young Person's Parents/Carers

1. Name:		Relationship to child/young person:		Does this person have parental responsibility?	Yes/No
Address of Parents/ Carers (if different to child/young person):			Contact Details: Tel: Email:		

2. Name:		Relationship to child/young person:		Does this person have parental responsibility?	Yes/No
Address of Parents/ Carers (if different to child/young person)			Contact Details: Tel: Email:		

Are there any other adults with parental responsibility for this child/young person? *(If YES, please give details below).*

Name:	
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Address:	
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Contact details:	
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Name:	
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Address:	
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Contact details:	
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Are any of the adults with parental responsibility for the child/young person currently serving in the Armed Forces? Please give name of parent/carer and details below:

Please note: Where a parent is in the armed forces, the Department for Children, Adults and Health must seek advice from the Children's Education Advisory Service (CEAS), part of the MOD's Directorate for Children and Young People (DCYP), in respect of a Service child with special educational needs (SEN) for whom the authority is initiating an EHC needs assessment.

Does the referrer have any access issues e.g. disability, literacy or language barrier?	Yes/No
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If yes, please provide details of any reasonable adjustments that the LA will need to take into account to support the family through this process

Part 3: Your Child/Young Person’s Educational Placement

It is very important that we have full information about your child/young person’s special needs and disabilities. The information that you put on this form will be shared with all the professionals that work with your child/young person and the professionals who will be making a decision, in accordance with the consent section at Part 7 of this form.

Please tick if your child/young person attends any of the following:

Playgroup		Preschool		Nursery	
Toddler group		How many hours is the child attending and Early Years setting?		School	
Sixth Form		College		Work	
Clubs		Training Provider		Home Educated	
Other:					

Name of current nursery/school/ sixth form/college or other educational placement (if applicable)			
Current Year Group			
Is your child/young person registered or taught outside of his/her chronological year group? (If yes, can you briefly explain when this was decided and the reason why)		Yes/No/Don’t Know	
Has your child had any exclusions from school? (If yes, briefly tell us the reason why and whether it was a fixed number of days or if it was a permanent exclusion)		Yes/No/Don’t Know	
Previous School/Setting(s)	Start Date	End Date	Reason for the move

<p>Have you discussed this application with your child/ young person’s Special Education Needs Coordinator (SENCo)? (If your answer is no can you briefly explain why not)</p> <p>Please attach any relevant information, My Support Plans or reports from your child/young person’s educational setting with this request.</p>	
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Part 4 – Professionals involved with your child/young person- Please tick any services that are involved with your child/young person:

Services	Yes/No
Educational Psychology	
Physiotherapy	
Paediatrician	
Occupational Therapy	
Speech and Language	
Orthotics	
Sensory Support Service	
Disabled Children's Team	
Wheelchair Services	
Dyslexia Specialist	
Children's Community Nursing	
CAMHS (Children and Adolescent Mental Health Service)	
Ophthalmology (in hospital eye care)	
Other – please give details	
Name and address of Registered GP	

Part 5 – Your Views - Please provide us with your views. The following questions are things you may wish to cover:

Please provide a description of your child/young person. *(Include what they enjoy, what and who is important to them and their strengths alongside any concerns. You may want to include details about their friendships and social skills, learning, independence and self-care, general behaviour and well-being).*

What are your hopes and aspirations for the future? *(Include details about goals for the short and long term. Where appropriate, consideration should be given to a young person's aspiration for paid employment, independent living and community participation).*

How you support your child/young person; *what is working for you; what isn't working well (Include details about what is happening in school or other educational setting, community activity, interests and clubs).*

Do you have any services supporting your family? (i.e. Social Care, FYPS, Disabled Children's Team)

Who else helps you? (i.e. extended family, community groups, parent groups)

Is there anything else you would like to tell us about your family?

Part 6 - Medical History - It is important for us to have a full picture of your child/ young persons needs. Provide as many details as you can. Some questions may not be applicable to your child/young person

Does your child/young person have a diagnosis or suspected diagnosis or any medical conditions e.g Asthma/Epilepsy/Hearing or Visual problems?

Do you have any concerns regarding your child/young person's health?

Is he/she under the care of any hospital consultants? If so please give the consultant's name and the name of the hospital/clinic

Is your child/young person known to any other health care professionals? If so please include the names of the people the child/young person sees and what they do.

Does your child/young person have a Health Care Plan? If yes please provide reasons for the plan.

Is your child/young person undergoing any medical treatment? Please give name, doses and times given.

Reports, letters, assessments – please share copies of any reports that you think may help us to understand your child’s special educational needs.

Is there anything you want to tell us that you feel is important?

Major/significant events that might have affected the child/young person? Is there a Single Assessment Framework (SAF)/Team around the child (TAC) ongoing with the family? For more examples visit <https://www.southglos.gov.uk/health-and-social-care/care-and-support-children-families/local-offer/>

Part 7 Declaration of Parent/Carer/Young person Please note that we will not be able to proceed with this request unless these boxes are ticked:

- I/We would like you to consider my/our child/young person’s special educational needs and agree to the Local Authority undertaking an EHC needs assessment.
- Should the Education, Health and Care needs assessment be agreed I/We give permission to contact my/our child/young person’s educational placement, health services, social care or other professionals to obtain information.
- I/We give my/our consent for any necessary medical examinations and professional assessment, including psychological assessment, and will make myself/child/young person available for these purposes.
- I/We give consent for information to be shared between professionals within South Gloucestershire Council and with other professionals involved in my/our child/young person’s care for the purposes of a education, Health and Care needs assessment.
- The educational setting agrees that an EHC needs assessment of my/our child/young person should be considered.

I/We confirm that I/we have read and understood the above declaration:

Parent/Carer

Name (Please Print)	Signature	Date

Young Person - for young people aged 12 or over who are able to understand the process of consent:

Name (Please Print)	Signature	Date

If the EHC Needs assessment is agreed we will contact the educational setting, Educational Psychology Service, Children's Social Services and the Health Authority. Please let us know who else is involved with your child:

Name/Organisation	Full Address	Telephone Number

Privacy Notice under the Data Protection Act (General Data Protection Regulations from 26th May 2018)

South Gloucestershire Council are collecting Personal Identifiable Information to enable the best possible advice and support to be provided and to meet the statutory requirements under the Children and Families Act 2014. We need to collect this information in order to consider your request for and Education, Health, Care needs assessment. This information is being processed under DPA – Schedule 2 (2a) (GDPR 2018 – Article 6 (1) b).

South Gloucestershire Council will not share any Personal Identifiable Information collected with external organisations unless required to do so by law. However, this information will be shared within South Gloucestershire Council and partner agencies (Department of Education, NHS, Schools/settings, and Early Years providers). For further details on the council's privacy arrangements please view the privacy page on the council's website page: <https://www.southglos.gov.uk/council-and-democracy/data-protection-and-freedom-of-information/privacy-statement/>