

SEN Team

Request for Education Health and Care(EHC) Assessment

FOR OFFICE USE ONLY

Date request received by SEND service

Completion due date

Notes for use: If you are completing form electronically, text boxes will expand to fit your text Where check boxes appear, insert an 'X' in those that apply. Requests must be typed/word processed.

Health Authorities have a statutory requirement to notify Local Authorities about pre-school children who may have Special Educational Needs. Please indicate if this is a health notification Yes No

Identifying details

Record details of child or young person being assessed.

Given name(s)

Male Female

Address

Postcode

Legal surname

Previous names

Date of birth

National Curriculum Year

UP Number

Contact tel. no.

Ethnicity

White	Black or Black British	Asian or Asian British	Mixed/Dual Background	Chinese & Other
White British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
White Irish <input type="checkbox"/>	African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White & Black African <input type="checkbox"/>	
Traveller of Irish Heritage <input type="checkbox"/>	Any other Black background* <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Any other ethnic group* <input type="checkbox"/>
Gypsy/Roma <input type="checkbox"/>		Any other Asian background* <input type="checkbox"/>	Any other Mixed background* <input type="checkbox"/>	Not given <input type="checkbox"/>
Any other White background* <input type="checkbox"/>				

*If other, please specify

Immigration status

Child's first language

Parent's first language

Is the child or young person disabled? Yes No

If yes give details

Details of any special requirements (for child and/or their parent) eg signing, interpretation or access needs

Request Information

Is/has the child or young person been Looked After?

Yes	Dates <input type="checkbox"/>	No	<input type="checkbox"/>
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Is/has the child, young person or their siblings been subject to Child Protection planning?

Yes	Dates <input type="checkbox"/>	No	<input type="checkbox"/>
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Has the child or young person been assessed by early help (old CAF??)?

Yes	Dates <input type="checkbox"/>	No	<input type="checkbox"/>
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Details of parents/carers

Name

Contact tel. no.

Email

Relationship to child or young person

Address

Who has parental responsibility?

Postcode:

Name

Contact tel. no.

Email

Relationship to child or young person

Address

Postcode:

Current family and home situation

(e.g. family structure including siblings with dates of birth, other significant adults etc; who lives with the child and who does not live with the child)

Details of person(s) requesting EHC Assessment

Name

Contact tel. no.

Address

Email

Role

Organisation

Postcode:

Services working with this child or young person

Universal

GP Details Tel.

Early years/education/FE training provision Details Tel.

Service Details Tel.

Service Details Tel.

Other services

Service Details Tel.

Service Details Tel.

Service Details Tel.

Service Details Tel.

Please append any reports and/or assessments that have been completed and which provide evidence to support this application.

Summary of strengths and needs

Consider each of the elements to the extent they are appropriate in the circumstances. You do not need to comment on every element. Wherever possible, base comments on evidence, not just opinion, and indicate what your evidence is.

1. Development of child or young person

Has the child received routine school health surveillance

Health

General health

Conditions and impairments; access to and use of dentist, GP, optician; immunisations, developmental checks, hospital admissions, accidents, health advice and information

Physical development

Nourishment; activity; relaxation; vision and hearing; fine motor skills (drawing etc.); gross motor skills (mobility, playing games and sport etc.)

Speech, language and communication

Preferred communication, language, conversation, expression, questioning; games; stories and songs; listening; responding; understanding

Emotional and social development

Feeling special; early attachments; risking/actual self-harm; phobias; psychological difficulties; coping with stress; motivation, positive attitudes; confidence; relationships with peers; feeling isolated and solitary; fears; often unhappy

Behavioural development

Lifestyle, self-control, reckless or impulsive activity; behaviour with peers; substance misuse; anti-social behaviour; sexual behaviour; offending; violence and aggression; restless and overactive; easily distracted, attention span/concentration

1. Development of child or young person (continued)

Identity, self-esteem, self-image and social presentation

Perceptions of self; knowledge of personal/family history; sense of belonging; experiences of discrimination due to race, religion, age, gender, sexuality and disability

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Family and social relationships

Building stable relationships with family, peers and wider community; helping others; friendships; levels of association for negative relationships

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Self-care skills and independence

Becoming independent; boundaries, rules, asking for help, decision-making; changes to body; washing, dressing, feeding; positive separation from family

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Learning

Understanding, reasoning and problem solving

Organising, making connections; being creative, exploring, experimenting; imaginative play and interaction.

Please report on any assessments completed, National Curriculum levels etc

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Participation in learning, education and employment

Access and engagement; attendance, participation; adult support; access to appropriate resources

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Support, progress and achievement in learning

Progress in basic and key skills; available opportunities; current support being provided and impact of this.

Please specify amount of support you provide, individual or small group etc. (timetable)

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Aspirations

Ambition; pupils' confidence and view of progress; motivation, perseverance

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2. Parents and carers

Basic care, ensuring safety and protection

Provision of food, drink, warmth, shelter, appropriate clothing; personal, dental hygiene; engagement with services; safe and healthy environment

Emotional warmth and stability

Stable, affectionate, stimulating family environment; praise and encouragement; secure attachments; frequency of house, school, employment moves

Guidance, boundaries and stimulation

Encouraging self-control; modelling positive behaviour; effective and appropriate discipline; avoiding over-protection; support for positive activities

3. Family and environmental

Family history, functioning and well-being

Illness, bereavement, violence, parental substance misuse, criminality, anti-social behaviour; culture, size and composition of household; absent parents, relationship breakdown; physical disability and mental health; abusive behaviour

Wider family

Formal and informal support networks from extended family and others; wider caring and employment roles and responsibilities

Housing, employment and financial considerations

Water/heating/sanitation facilities, sleeping arrangements; reason for homelessness; work and shifts; employment; income/benefits; effects of hardship

Social and community elements and resources, including education

Day care; places of worship; transport; shops; leisure facilities; crime, unemployment, anti-social behaviour in area; peer groups, social networks and relationships; religion

Reasons for EHC Assessment

Desired Outcome

Child or young person's view on the request for EHC Assessment

You may wish to use our ~~Child / young person's~~ views form in place of this section.

Parent or carer's view on the request for EHC Assessment

You may want to complete our ~~Family information and views form~~ to support this section.

This request form will be circulated to all those invited to contribute to the Education Health and Care (EHC) assessment. It may be used as the Educational Advice and in the event of an appeal will be made available to the SEN & Disability Tribunal.

Parental Consent Form For Request for Education Health and Care Assessment and Information Sharing between Agencies

We need to collect the information in this form so that we can understand what help your child and family may need.

We will treat your information as confidential and we will not share it with any other organisation unless we are required by law to share it or unless you will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share.

To do this your consent is required. The professionals or agencies that may be involved in sharing information are:

Child & Adolescent Mental Health Service	Physiotherapists
Children's Community Nurses	Police
Clinical Psychologists	Portage Service
Community Paediatricians	Psychiatrists
Educational Psychologists	School/Educational Setting
General Practitioners	School Health
Health Visitors	Special Education Needs Team
Hospital Consultants	Specialist Teacher Advisors
Housing Providers	Social Workers
Learning Disability Nurses	Speech & Language Therapists
Occupational Therapists	Transition Operational Group
Parent Partnership	Voluntary Organisations

It is also important that you know that we record information on a database and case records that we use to help plan the services we provide.

PLEASE COMPLETE THE FOLLOWING:

We will not be able to proceed with this request unless the following has been FULLY completed. Thank you,

Declaration

As part of this request for an EHC Assessment I/we have read and understood the information above.

I/we give consent to an assessment being undertaken and information regarding our child and family being shared by and with professionals from relevant NHS Trust, Derby City Council and other agencies as listed above.

I/we accept that information will be kept on a database to ensure the quality of the service.

Parent/Carer

Signature:

Date:

Child/Young Person

Signature:

Date:

If at any time you wish to withdraw your consent please discuss with your lead professional.

Submissions from Professionals should include:

(Please tick documents included)

- A completed Request Form
 - Child / young person's views form . completed, or views in some other format
 - Family information and views form . completed
 - Criteria . annotated with **evidence** for any point ticked
 - Evidence** of interventions including:
3 sets of targets with corresponding parental review meetings (2 reviews)
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When form is complete please return to:

If you return this form by email please ensure it is sent securely.

E mail: sen.admin@derby.gov.uk

Or by post:

SEND Team
Derby City Council
Council House
Corporation Street
Derby
DE1 2FS



All information provided will be treated in confidence, in accordance with the Data Protection Act 1998 and used for the purpose of assessing your child's special educational needs. The information provided may be shared with other Professionals involved in the assessment process who will use it as part of the assessment process.