**Parental Request for an**

**Education, Health and Care Needs Assessment**

[Name of person making request]

[Address]

[email address of person making request]

[contact number of person making request]

**[LA Department Name]**

**[Local Authority name]**

*Sent by email to:* [Local Authority EHCP assessment request email address]

**[date letter sent]**

Dear Sir or Madam,

**[Child/young person’s name], DOB [xx/xx/xxxx]: Request for EHC needs assessment**

I am writing as the [parent/carer] of the above-named child to request an assessment of their Education, Health and Social Care needs under section 36(1) of the Children and Families Act 2014.

[Child/young person’s name] currently attends [name of school/education setting/is home educated]

I understand that the test that the LA must apply in considering this request is contained in section 36(8) of the Children and Families Act 2014 and has two parts.

Part one of the test is that the child or young person has or may have special educational needs.

[Child/young person’s name] has significant needs in [list areas of need] -

**[child/young person’s name] needs are detailed in full in the attached form.**

Part two of the test is that it may be necessary for special educational provision to be made for the child/young person through the issuing of an EHC plan.

[Child/young person’s name] needs an EHC plan because -

It will simply not be possible for [Child/young person’s name] to fully access the curriculum or, for an education setting to meet [Child/young person’s name] special educational needs without the additional resourced provisions that an EHCP would provide.

**Further information is detailed in full in the attached document.**

The following are included with this request for an EHC Needs Assessment:

* [list appendices and attachments: *Appendix number – name/title of document, author/professional who wrote it, date document received/written*]

The two-part test outlined above is the only test to be applied under the law. I understand that it would be unlawful for a local authority to apply a higher threshold for accessing an EHC needs assessment. We believe that the local authority should carry out an EHC needs assessment to determine the full extent of needs and the provisions required to meet those needs.

I understand that you are required by law to reply to this request within six weeks, and that if you refuse, I/we will be able to appeal to the First-tier Tribunal (Special Educational Needs and Disability).

Yours faithfully,

[Name of person/persons making the request for an assessment]

**Consent for Education, Health and Care Plan Assessment**

* I would like you to consider carrying out a statutory assessment of my child’s special educational needs, and I give you permission to contact my school/college, health services, social care or other professionals as necessary.
* I agree for relevant professionals to seek and to share information with agencies regarding my child for Education, Health and Care Plan assessment.
* The consent will be valid for information sharing for the duration of the EHC plan assessment and, if an EHC plan is issued, for the duration of the plan.

**Name:**

**Relationship to the child/young person:**

**Signed:** **Date:**

Please accept a typed signature as consent.

**Parental Request for an**

**Education, Health and Care Needs Assessment**

**Child/Young Person’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s surname:** |  | **Child’s forename/s:** |  |
| **Child’s preferred name:** |  | **Child’s date of birth:** |  |
| **Child’s preferred pronouns:** |  | **Child’s gender at birth:** |  |
| **Ethnicity:** |  | **Religion:** |  |
| **First language:**  *Inc. British Sign Language, Makaton etc.* |  | **Interpreter needed?** | Yes / No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Is the child looked after:**  *Please state if child is adopted or fostered* |  | **Care status:** |  |
| **Responsible Local Authority:** |  |

|  |  |
| --- | --- |
| **Child’s primary address:** |  |
| **Child’s primary special educational need/s:** |  |

**Parent/Carer Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name of parent/carer:** |  | | | |
| **Preferred pronouns** |  | **Special needs of parent/carer:** | |  |
| **Relationship to child:** |  | **Parental responsibility?** | | Yes / No |
| **Parent/carer’s address:**  If different from child/young person |  | | | |
| **Contact Number:** |  | **Email address:** |  | |
| **First language:**  *Inc. British Sign Language, Makaton etc.* |  | **Interpreter needed?** | | Yes / No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name of parent/carer:** |  | | | |
| **Preferred pronouns** |  | **Special needs of parent/carer:** | |  |
| **Relationship to child:** |  | **Parental responsibility?** | | Yes / No |
| **Parent/carer’s address:**  If different from child/young person |  | | | |
| **Contact Number:** |  | **Email address:** |  | |
| **First language:**  *Inc. British Sign Language, Makaton etc.* |  | **Interpreter needed?** | | Yes / No |

**School/Education Setting Details**

*If your child is home educated, please state this and use your own contact details.*

|  |  |
| --- | --- |
| **Name and address of the school/setting your child attends:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Year Group** |  | **UPN:**  *Provided by school* |  |

|  |  |
| --- | --- |
| **Name of school SENco:** |  |
| **SENco/School contact details?** | **Phone number:** |
| **Email address:** |

**Professional Involvement**

|  |  |  |
| --- | --- | --- |
| **Service:** | **Name & Address of professional:** | **Report enclosed?** |
| **Educational Psychologist** |  |  |
| **Advisory Teacher** |  |  |
| **GP** |  |  |
| **Paediatrician** |  |  |
| **Speech and Language Therapist** |  |  |
| **Occupational Therapist** |  |  |
| **Health Visitor** |  |  |
| **CAMHS** |  |  |
| **Social Worker** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**The child/young person’s journey so far**

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| --- |
| **General History:** |
|  |
| **Family History/Situation:** |
|  |
| **Medical History:** |
|  |
| **Education History:** |
|  |

**The child/young person’s needs**

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| --- |
| **Communication and Interaction** |
|  |
| **Cognition and Learning** |
|  |
| **Social, Emotional and Mental Health** |
|  |
| **Sensory and Physical Needs** |
|  |
| **Self Help and Independence/Preparing for Adulthood** |
|  |

**Provision**

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| --- |
| **Current Provision:** |
|  |
| **Possible Provisions:** |
|  |

**How is it best to communicate with the child/young person and involve them in decision about their lives?**

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| --- |
|  |

**Why are you applying for an EHCP assessment?**

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| --- |
| X requires a full assessment of his/her education, health and care needs to ensure the correct support is put in place to enable him/her to access the curriculum.  The legal criteria for a statutory assessment is detailed in Section 36(8) of the Children’s and Families Act 2014. This states:  The local authority must secure an EHC needs assessment for the child or young person if, after having regard to any views expressed and evidence submitted under subsection (7), the authority is of the opinion that—  a) the child or young person has or may have special educational needs,  and  b) it may be necessary for special educational provision to be made for the child or young person in accordance with an EHC plan.  The attached evidence not only shows that X “may” have SEN (Special Educational Needs) but that he/she does have SEN; thus part one of the legal test is satisfied.  It is clear that X will require Special Educational provision be made for him/her to access the curriculum. The school have shown that they have accessed all the support available to them and X is still struggling in the school environment.  To conclude, I feel after reading the above a reasonable LA (Associated Provincial Picture House Ltd v. Wednesbury Corp. [1948] 1 KB 223) would be of the opinion that the legal test for an EHC needs assessment has been satisfied. |

**The child/young person’s views, wishes and feelings**

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| --- |
| **Likes:** |
|  |
| **Dislikes:** |
|  |

**Goals and aspirations**

|  |
| --- |
| **Child/young person’s goals and aspirations:** |
|  |
| **Parent/Carer comment:** |
|  |

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| --- |
| **Things I am good at:** |
|  |
| **Things I like/admire about myself:** |
|  |

|  |  |
| --- | --- |
| **The important people in the Child/Young Person’s life:** *This may include family, friends, pets etc.* | |
| **Name:** | **Relationship:** |
|  |  |
|  |  |
|  |  |
|  |  |

**Health and Medical needs of the child/YP**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No** | **Yes** | **Impact on everyday life** |
| **General physical health** |  |  |  |
| Airway and breathing, including chest infections |  |  |  |
| Pain |  |  |  |
| Seizures |  |  |  |
| Eating, drinking, swallowing, drooling |  |  |  |
| Behaviour issues related to food - **Choices / Attitude** |  |  |  |
| Acid reflux / vomiting |  |  |  |
| Dental Health |  |  |  |
| Growth,  Weight gain/loss |  |  |  |
| Mobility, getting around |  |  |  |
| Hand function/writing |  |  |  |
| Personal care (self-feeding, washing, dressing, toileting etc.) |  |  |  |
| Bowel and bladder e.g. wetting, constipation |  |  |  |
| Vision (eyesight) |  |  |  |
| Hearing |  |  |  |
| Speech or other methods of communication (which ones) |  |  |  |
| Understanding |  |  |  |
| Attention & listening |  |  |  |
| Sleep |  |  |  |
| Behaviour, emotions, feelings, managing emotions |  |  |  |
| Puberty Issues |  |  |  |
| Fatigue / Stamina |  |  |  |
| **Does your child have a health care plan? If so, please attach it.**  **Are you waiting for any further Health Assessments/Appointments? What for/with whom?** | | | |

**Social Care Needs**

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| --- |
| **Describe the Child/Young Person’s disability** |
|  |
| **Personal Care: Does your child/young person need lots of help with personal care, which you may need support with? *EG. bathing, dressing, toileting***  *Are there any particular difficulties such as mobility, health or behaviour to consider when undertaking personal care?* |
|  |
| **Social development: Does your child/young person need help accessing activities or joining in friendships in a safe and meaningful way?**  *Is 1:1 support or lots of supervision required to remain safe or take part?* |
|  |
| **Family time: Do you feel that time together is shared equally with other members of your immediate family?**  *Are there other children in the family who may miss out on parental time or activities?* |
|  |
| **Parent/carer needs: As a parent/carer is there anything to consider that can make parenting more difficult?**  *Are there any personal health issues, disabilities or other caring responsibilities?* |
|  |
| **Support networks: Do you have family/friends/other forms of support who offer you help with your parenting role?**  (*Is there anyone who can go to for regular and ongoing support at home or community?*) |
|  |