

This form is dated from Sept 2017. Hertfordshire have issued another application form in May 2019. However, that form does not contain the information needed for them to make informed judgements. Therefore, reSEND recommends that you use this form to request an assessment. You do not need to complete an application form at all to request an EHCP Assessment. There is a model letter you can send to the LA on the IPSEA website.

Request for an Education, Health and Care Needs Assessment

Please read the accompanying guidance document before completing this form.

Part A: to be completed by the person filling in the form e.g. parent or professional (this may be completed jointly where appropriate)

1. Details of the child

Complete all the personal details of your child and yourself.

To mark a check box, double click it and select 'Checked' from the dialog box.

*mandatory information

*Family Name:			*Child first name:		
Preferred Name:			*DOB:		Year group:
Ethnicity:		Religion:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
*Address:				*NHS Number:	
Is child looked after? :	This means is the child in the care of the Local Authority i.e. Foster Care or Care Home			Care Status:	Only applicable if child is in Care
				Responsible LA:	Only applicable if child is in Care
First Language (inc British Sign Language):	Mention if the child is non or pre-verbal	Is an interpreter required?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name and address of playgroup/nursery/school/college your child is attending:					
Primary special educational need:			Unique pupil number: <i>Provided by schools</i>		

2. Details of parents/carers

*Full names of parents/carers:			
*Relationship to the child: e.g. parent, grandparent, foster carer		*Does this person(s) have parental responsibility for this child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*Address (if different from child/young person):		*Postcode:	
First Language (inc British Sign Language):		Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone number:		Mobile number:	
Email address:			
Please advise how and when is best to contact this person:			
*Full names of anyone else with parental responsibility for the child/young person:			
*Address (if different from child/young person):		*Postcode:	
First Language (inc British Sign Language):		Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*Telephone number:		Mobile number:	
Email address:			

3. Professional Involvement

Have you discussed making this application with your child's nursery, playgroup, school or college?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
If you answered 'no' could you please tell us why?	Most applications are made in consultation with the setting, but you can apply as a Parent and make an application independently of the school. As long as you have advised the school that you are applying you can select Yes for this question		
If you answered 'yes' please provide their contact details:	Name: SENCo's or Head Teacher's Details	School/setting address:	Contact number: Email:

Please list any relevant professionals that have assessed or been involved with your child and their contact details where possible. Include copies of any reports to help us with our decision making

Detail any professional that your child has seen, even if they have been discharged from the service. If your child has seen someone previously, it is very possible they may need to see them again. This section advises the LA which services have already been involved and which they need to contact for more information. It may identify a currently unassessed need.

Service	Named Professional / Address	Tick if seen in the last year. ✓	Tick if report enclosed ✓
Educational Psychologist:			
Advisory Teacher:			
Social Worker:			
Medical professional/s: (e.g. GP or Paediatrician)			
Speech & Language Therapist:			
Occupational Therapist:			
Physiotherapist:			
Health Visitor:			
Child & Adolescent Mental Health Services (CAMHS):			
Other:			
This could be PALMS, Dietician's, Surgeons, Family Support Workers, Therapists, Psychologists or anyone who has supported your child.			

Part B: to be completed by the parent / carer

N.B. If request is not being made alongside a parent / carer skip to part D

1. About your child

This section is for you and your child to tell us your story. There are some prompts below to help you provide this information but you can present it in any way that you like.

Your child's journey so far (please provide a brief history of your child, you may wish to think about their health, eating/sleeping, developmental milestones, social skills and relationships, attitude to school, taking part in activities in and out of school)

This section is for you to tell the history of your child and the details of how their conditions and needs are affecting them on a daily basis. Go back as far as you need to; to when you first started to notice that they were developing differently to their peers or siblings. You can also mention if there were issues at the birth or during the pregnancy. You need to show that these are long term, ongoing issues.

Medical History

Once you have mentioned about when you noticed they were developing differently talk about what happened next; Which doctors you saw (Paediatrician, Surgeon, CAMHS), what they said and who they referred you to, eg SALT, OT, Physio etc. This will give a summary of the medical history up to today. You just need a brief summary of who they have seen and any diagnoses they have received. You can also talk about their eating and sleeping habits if these are an issue.

School History

Again, think back to when you first started getting spoken to about your child's behaviour and when you were first told that they were behind their peers (if they are).

- Did they attend pre-school, nursery and then start at school?
- What were the transitions like between settings?
- What did the setting notice about your child and what adjustments did these settings put in place for them?
- Did they work?
- How does your child transition between years and settings?

Bring this section up to date with how they are now at school. If they are school refusing be sure to mention how long this has been going on for. Talk about your child's general attitude to school and what specific areas they may be struggling with (briefly, you will detail this later)

Information about the nature, extent and context of the child or young person's SEN

This section is for you to detail how your child's various conditions and needs manifest themselves in their everyday lives. What impact is their SEN having on them?

The SEND Code of Practice breaks down the areas of need into four main areas:

Communication and Interaction
Cognition and Learning
Social Emotional and Mental Health
Sensory and Physical Needs

There is an additional area used in Hertfordshire, Self-Help and Independence.

Using these headings highlight the issues and difficulties your child experiences in each area. If you have quotes in the Professionals reports which back up what you are saying then you can refer to these specific quotes.

Think about the elements of their condition(s) that could cause problems, eg

- Inflexible
- Literal
- Difficulty with change
- Follows their own agenda, prefers adult-led tasks
- Controlling
- Difficulty understanding a task, following a task, completing it
- Understanding social cues, following the rules of the classroom.

Some parents find it useful to either keep the blank form to one side or to keep a diary of the adjustments that they make for their child that they wouldn't have to do for a typical child. This highlights some of the issues and struggles that your child faces as well as the strategies and interventions that you employ. This will be important for a later question.

What are your child's strengths and weaknesses?

Strengths

- Detail all your child's strengths.
- What are they good at?
- Are they a happy, loving child?
- Are they determined and self-motivated?
- Do they have a strong sense of justice?
- Are they fast learners with a passion for learning?
- Are they caring of others?
- Do they have a good memory for facts?

Weaknesses

- Detail all your child's weaknesses and areas of struggle.
- You can refer to the Broad Areas of Need mentioned above. Below are some questions that might help you focus your thoughts. These are just some of the questions you may want to think about, you may have other issues that you need to mention. You will need to expand your answers to give detail.

Communication and Interaction

- Does your child have/did they have a speech delay?
- Do they have difficulty expressing themselves verbally, do they mix their words up, use words correctly, do they have limited vocab, or have a big vocab but use it incorrectly?
- Do they sound very scripted and just seem to be echoing what they have heard without really understanding what they are saying?
- Do they use visuals, Makaton, BSL, SSE, PECS or any other forms of communication to communicate?
- Any difficulty understanding what others say? Do they need time to process verbal information? Do instructions and questions need to be broken down and issued one at a time in order for them to process and remember them? Do they need visual support to help them understand?
- Do they interact with their peers? Do they understand the rules of society? Are they blunt and have no filter? Do they interact appropriately with adults?
- Do they struggle to initiate a friendship, maintaining/repairing a friendship?
- Do they understand the rules of friendships? Are they overfriendly and do they tend to get obsessed with people and try to force friendships on people?
- Taking turns in games/work, waiting for their turn.
- Do they have playdates with other children? Are they excluded from parties?

Cognition and Learning

- Do they struggle to work together in a group, following teacher instructions, remembering a list of instructions, needing things broken down into small chunks in simple language?
- What are their difficulties with reading, ie are they behind their peers, do they have difficulty understanding?
- Do you have any idea generally about how far behind they are in relation to his peers, in other subjects?
- Writing – do they have physical difficulty eg holding pencil properly, writing legibly, or with writing their ideas, or all these?
- What is their attention span like? Are they easily distracted and need to be brought back onto task regularly?
- Do they need regular movement breaks, or do they need to be able to fiddle or fidget?
- What are their listening skills like? Do they respond to their name?

Social Emotional Mental Health

- Do they have depression? Are they self-harming? Are they under CAMHS?
- What is their self-esteem and Mental Health like?
- Do they experience anxiety? Are they school refusing? Do they hate the school environment?
- Do they mask their issues at school and then meltdown when they get home?
- Social skills – playing with other children, or alongside them, or on their own?
- Are they socially/emotionally vulnerable, easily manipulated? Easily teased or picked on?
- Any difficulties in the playground? Do they end up controlling the play? Do they have a strong sense of justice and keep ‘tattling’ on their friends?
- Understanding others, eg that they have their own feelings and thoughts
- Not understanding the impact of their words/behaviour/actions on others
- Emotional regulation – understanding their own feelings and not being able to express them appropriately, in acceptable ways
- Do they respond to small trivial upsets in the same way as larger triggers? Is there a set behavioural response to upset regardless of the cause?
- Do they get frustrated, upset, anxious? If so, are there specific triggers for this? Does it happen at similar times of the day every day?
- Are they able to accept praise and compliments or do they find this difficult? Do you have to use indirect praise or other methods to raise their self-esteem?
- What kind of things make them anxious – could be lots of things, eg too much sensory input (noise, movement, smell etc), too much language, not understanding, something changes, feeling unsafe...

Sensory and Physical Needs

- Any physical issues with both fine and gross motor skills? Do they struggle to use cutlery or pens appropriately? Can they jump and ride a bike and other age appropriate activities?
- Any medical conditions that can manifest physically like Hypermobility, EDS, epilepsy, diabetes, Microcephaly, Down Syndrome, Cerebral Palsy.
- Do they require the use of walkers or wheelchairs?
- Food Issues
 - How do they eat? Do they use cutlery or eat with their hands? Do they have special plates that they will only eat off?
 - Do they overstuff? Do they hoard food? Does their food need cutting into small pieces? Do they need to be encouraged or reminded to take small bites, chew, swallow? Do they have a sense of when they are full?
 - Do they fidget at the table? Do they mess around? Do they have to get up and leave? Do they need to eat in a separate room?
 - Do you have to persuade them to start or carry on eating? Do they take a particularly long time to eat? Do they bolt their food down?
 - Do they make a lot of mess that needs cleaning up afterwards?

- Do they have a special diet that needs specific preparation? Are they brand specific? Do you have to shop around to ensure you have favourites in stock? Do they have a restricted diet due to sensory issues?
- What happens if you introduce new foods?
- Do they drink too much? Not enough?
- Sensory difficulties – are they over or under sensitive, if so, what to?
- What would trigger them? What senses do they struggle with?
 - Vision (bright lights, do they seek dark, small spaces?)
 - Hearing (are they sensitive to crowds? Loud noises? Certain pitches of sounds?)
 - Taste (Are they picky eaters? Do they tend to favour certain textures? Can the food touch other food or do they need to be separated?)
 - Smell (are they sensitive to certain smells, air fresheners, bleach etc. Do they appear to sniff people, especially if they are strangers?)
 - Touch (Do they hate certain fabrics and clothing? Do they hate being touched? Do they like big, deep pressure hugs?)
 - Proprioceptive Issues (muscles and body awareness) (Are they moving constantly? Do they appear to be very clumsy and uncoordinated? Do they slam doors or apply too much pressure when writing, or not enough?)
 - Interoceptive Issues (awareness of internal bodily functions) (Do they know when they are hungry or thirsty? Do they know when they are full? Can they feel their heart beat? Are they aware when they hurt themselves? Do they register pain appropriately?)
 - Vestibular Issues (Awareness of self in space, this works very closely with the proprioceptive system) (Do they appear to be dizzy and all over the place. If they fell into a swimming pool would they know which way was up?)
- What behaviours do these over or under registrations produce?

There is an additional area of need you can include in your application or Plan:

Self-Help and Independence

The area should focus on the child or young person's ability to manage self-care tasks and how independent they are. This should look at their level of these skills in comparison to a typical child of that age. Some questions you can take into consideration are;

- Is the child toilet trained or still in nappies?
- Do they need assistance with dressing and undressing?
- Do they need someone to help feed them or are they tube feed?
- Can they use cutlery age appropriately?
- Do they need assistance with washing and personal cleanliness, including prompting to use shower gel or flannels?
- Can they manage money?
- Can they organise their own lives and maintain their social diary or timetable?
- Can they travel safely on their own or do they need to be escorted?

- Are they vulnerable in their environment, eg lacks a sense of danger, understanding of stranger danger, road safety etc

Don't worry about repeating yourself if you've written a lot of this information in the question above.

Tell us about your child's likes and dislikes

Likes

- Detail what your child likes and what motivates them.
- Do they have obsessions?
- If so, what are they?
- Do they change regularly?

Dislikes

- Detail what your child doesn't like and what may trigger anxiety, upset or a meltdown.
- Think about what they don't like.
- Think about their triggers.
- Not being in control, crowds, other sensory issues, the word No, changes to routine, new places, new foods etc.

Please tell us what you feel is working and what is not working for your child

This section needs to show evidence of the action already being taken to meet the child or young person's SEN and evidence that where progress has been made, it has only been as the result of much additional intervention and support over and above that which is usually provided. This should include information from both school and home. You should mention all strategies that have been tried whether they have worked or not.

Working

What kind of support is being put in place for them at school, eg:

- Physical adjustments, have they installed ramps or visuals to accommodate wheelchairs or visual impairments?
- Have they implemented additional adult support, could be 1:1 or just extra classroom teaching assistant support
 - If yes, what kind of thing does the TA do, eg prompting, keeping on task, explaining, breaking info down into small chunks, facilitating interaction with other children?
- Visual aids, eg timetable, in class/at home; reward charts
- Any additional work outside of the class, eg extra group work for literacy, numeracy
- Any additional support in the playground, dining room, assembly
- Additional time to transition into school, into classroom from the playground, from one task to another

- Anyone additional to talk to about their worries
- Anything additional to the rest of the class
- Any input from other professionals, could be autism advisory teacher, EP, SALT, OT (and what strategies have been recommended)

Any additional support you put in at home,

- Do they need more help than typical peers in attending clubs/activities?
- Do you have to have set routines?
- Do they have to be in control in the home environment?
- Can you attend new places?
- Can you have whole family days out?
- Can siblings have friends round without incident?
- Do you have to do social stories for new places and prepare them for new experiences and locations?

Not Working

- Has any support been put in the place that worked well previously, and that you feel would be helpful now?
- Is there anything that really hasn't or doesn't work well – be specific, examples are fine.
- Part time timetables.
- Shouting or raised voices.
- Demanding instant responses and not giving time for processing.
- Issuing too many instructions at once.
- No additional adult support to help at the beginning of tasks to ensure understanding.
- Behaviour management techniques that don't deal with the cause of the behaviour.
- Is the child playing up and acting the clown because they don't understand what they are supposed to be doing?
- Reward charts (these often don't work with ASD children).
- Not following through on consequences, Not being consistent.
- Not being literal enough or using sarcasm.
- No social development support to help with friendships and to help understand the rules of society.

What are your child's aspirations and goals for the future?

You can split this section into two.

One part should detail what the child says their aspirations are (no matter how weird, wonderful and unrealistic they are!) This shows the child's motivation and their view of the world and how they will fit into it. If your child is unable to answer this question, then just say that and add a 'but we think he/she would like to be a'. Just make it clear who is speaking when.

Then add a section about what the parent's aspirations for them are. Do you want them to improve their communication skills? To make friends? To live independently? Go to university, have a career, manage money and other life skills?

How does your child need to be supported to be heard and understood?

This section is all about communication. How is it best to communicate with your child? When the Professionals go in to do their assessments, under what circumstances will they get the best from your child? What do they need to be able to contribute when making decisions about their lives?

- Does it need to be in a quiet environment with no distractions?
- Will there need to be trusted adults there, Is it best to use open or closed questions?
- Do they need to be offered choices?
- Will they need instructions and questions broken down into chunks and presented one at a time?
- If you needed to find out about an event that had happened how would you go about getting this information from your child?
- Do they respond better when you are side by side rather than face to face, maybe when they are playing a computer game or maybe they communicate better in writing and/or texting? Would it be better to start a conversation about their latest interest or obsession?
- Do they talk to you in more detail when you are driving?
- What are their visual signs of distress? How you know they are starting to get agitated?

What are your reasons for making this request and how do you think an Education, Health and Care assessment and potential plan would help your child?

One key reason would be that they are not making adequate progress (or is making poor progress or no progress), despite the support that is being put in place for them. Progress can in be terms of all of the Broad Areas of Need mentioned above, not just their academic progress. Think about their cognition and learning (eg numeracy, literacy etc), communication and interaction, social and emotional wellbeing, and physical (fine/gross motor skills) and/or sensory. What do the professionals say about their progress in these areas? Have they highlighted concerns in their reports?

If the child is failing to make progress in any one or more of these areas, then they require a full assessment of their educational, health and care needs to ensure the correct support is put in place to enable them to access the curriculum.

Below is a useful summary of the legal criteria for assessment which is that the child MAY have SEND and MAY need a special educational provision in line with an EHCP. You can include this in your application adjusting it accordingly.

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 such as [list of services accessed] 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.

2. All about me

This section should be completed by the child where possible. As parents you will have a better idea of how much your child will be able to contribute to this section. They don't have to write it, they could draw or do a PowerPoint presentation, or you could ask the questions and then scribe their answers. Just ensure that it is their words and truly reflect what the child thinks about themselves (even if it is negative). If they are unable to answer these questions then say so, and if you are going to put your thoughts in make it clear that they are your thoughts and not the child's. This is designed to get an insight into the child and their mind-set. To get an idea of what motivates them (if anything) and how they feel about their place in the world.

Things I'm good at

Things I admire/like about me

What other people admire/like about me

The important people in my life; family, friends, favourite people (even pets)

Name:	Relationship:

Part C: to be completed by parent / carer

This is the Health Section of the form. It is recommended that you if you have any concerns in any of these areas then you tick the Yes box and explain how it is affecting their everyday lives.

This health information form should be completed by parents/carers. The information will be used to assist the multi-agency panel in deciding whether to proceed to an EHC assessment. The panel will consider the child's health needs and may make a referral to a health professional if further information or support is thought to be helpful.

Name of person completing this section:

Relationship to Child/Young Person:

Diagnosis (if known):

Professional who made diagnosis:

Parents and child's health concerns

Tick those areas where you have a concern and use the comments box to tell us more about how this affects your child. *(If you run out of space, please continue on a separate sheet)*. Please contact your Health professional if you would like support in completing this

	No	Yes	Impact on everyday life
General physical health			
Airway and breathing, including chest infections			
Pain			This includes whether or not your child has a high or low pain threshold.
Seizures			
Eating, drinking, swallowing, drooling			
Behaviour issues related to food - Choices / Attitude			Is your child a picky eater and will only eat a limited number of foods? Do they have to be a certain brand or served in a certain way?
Acid reflux or vomiting			This includes anxiety induced vomiting or forced vomiting for any other reason.
Dental Health			This includes if your child is reluctant to brush their teeth due to sensory issues.
Growth			
Weight gain/loss			

Mobility, getting around			Danger awareness when out and about should also be mentioned in this section.
Hand function/writing			Include details here if your child is struggling with handwriting. They may struggle to keep it neat and on the line, they may struggle with holding the pen appropriately. Hand writing can have sensory issues for some children. Also mention if they tire easily when writing and suffer from fatigue. Mention if they struggle with using cutlery, doing buttons and zips or threading beads.
Personal care (self feeding, washing, dressing, toileting etc.) Bowel and bladder eg. wetting, constipation			Mention here if you are having to prompt or remind them about personal care more than you would for a typical child of that age. Do you need to remind them to use shampoo or shower gel or will they just get in the water and be done?
Vision (eyesight)			Are they sensitive to bright lights or are they hypervigilant?
Hearing			Do they have a hearing impairment or do they over-hear? Can they hear things others can't and do they struggle to filter out crowds?
Communication Speech or other methods (which ones)			Mention any issues with their speech, including if your child sounds very scripted or seems to have a high level of vocabulary but doesn't always understand what they are saying.
Understanding			
Attention & listening			
Sleep			
Behaviour, emotions and feelings Managing emotions			
Puberty Issues			
Fatigue / Stamina			Does your child tire easily or are they constantly on the go with seemingly endless stamina? Does your child have both?
Equipment issues			Detail any special equipment your child uses including wheelchairs, hoists, walkers etc.

Does your child have a health care plan? If so, please attach

Are you waiting for any further Health Assessments / Appointments? Please tell us what for/who with.



Part D: to be completed by the parent / carer

Consent for Education, Health and Care Plan Assessment

This is the consent page. You will need to sign this page to show you agree to the assessments taking place.

- I have read and understood the guidance on “Requesting an Education, Health and Care (EHC) 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.

☐ I confirm that I have read the guidance document and understand the terms of consent

Signed.....

Date

Name

Relationship to the child/young person:

Part E: to be completed by parent / carer – optional

This is the Social Care section. This section looks at the family as a whole, and the impact that this child's condition(s) is having on the family.

This part of the form is optional and for those parent(s)/carer(s) who feel they may benefit from receiving extra help in supporting everyday life for their child/young person. By completing the following questions children's social care can look at how we may be able to offer assistance through services such as our short break local offer, or for children and families with very complex needs, perhaps supporting you with the care of your child at home.

The questions below should be read in context of your child'/young person's age and for very young children; consider if there is anything you are required to do that is over and above what could be reasonably expected of a parent with a child of the same age.

Child's Name:

Date of Birth:

Address:

Contact details:

Does your child/young person have a disability? Y/N. If yes please describe.
•
Personal Care: Does your child/young person need lots of help with personal care for example bathing, dressing, toileting, which you may need some support with? <i>(Are there any particular difficulties such as mobility, health or behaviour to consider when undertaking personal care?)</i>
•
Social development: Does your child/young person need help accessing activities or joining in friendships in a safe and meaningful way? <i>(Is 1:1 support or lots of supervision required to remain safe or take part?)</i>
•
Family time: Do you feel that time together is shared equally with other members of your immediate family? <i>(Are there other children in the family who may miss out on parental time or activities?)</i>
•
Parent/carers needs: As a parent/carers is there anything to consider that can make parenting more difficult? <i>(Are there any personal health issues, disabilities or other caring responsibilities?)</i>

•
6. Support networks: Do you have family/friends/other forms of support who offer you help with your parenting role? <i>(Is there anyone who can go to for regular and ongoing support at home or community?)</i>
•

The information provided will be shared with the relevant Social Care Team who will consider what the next steps towards support there may be for your family. You may receive a brief telephone call from a worker in a team if some extra information is needed.

