******Parental request for an Education Health and Care needs assessment**

***This document is a formal request for statutory assessment for an Education Health and Care Plan for the child / young person as outlined below.***

Please Tick:

[ ]  *This has been written by the Parent / Guardian.*

[ ]  *This has been written on the behalf of the parent with their permission and consent gained.*

***Note:*** *The rights of the carer or guardian may differ should the child be in
Care, e.g. in a foster placement, in the care of the authority etc. Consent will be requested from the appropriate person or authority.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of child:** |  | **Date of request:** | Click here to enter a date. |
| **Date of birth:** | Click here to enter a date. | **NHS number (if known):** |  |
| **Parent Carer / Guardian Names:** | **1)** | **2)** |
| **Does this person have parental responsibility (PR)? (Please tick):** | [ ]  | [ ]  |
| **Is either parent in the armed forces? (please tick)** | [ ]  | [ ]  |
| **If those detailed above do not have PR, who does? Please provide details:** | **If those detailed above do not have PR, who does? Please provide dese detailed above do not have PR, who does? Please provide details:** |
| **Your child’s educational needs:** | **Please provide a brief description of your child’s educational needs:****Does your child have a specific diagnosis?** [ ]  If yes, please provide details: |
| **Does your child attend an educational setting? (including nursery and pre-school)**(please tick)[x]  | **If yes, please provide details:****Name of setting:****Address:****Contact number:** |
| **Please tick if this child / attends any of the following:**(If applicable, please give details) | [ ]  Playgroup  | [ ] Clubs |
| [ ]  Play Pals  | [ ]  Child Development Centre |
| [ ]  Toddler Group | [ ]  Others: |
| **Please tick any health services that you are aware your child is known to:** | **Shropshire Community Health NHS Trust Services** |
| [ ]  Paediatrics- (children’s doctors)  | [ ]  Wheelchair Services |
| [ ]  Physiotherapy | [ ]  Community Equipment Stores  |
| [ ]  Speech and Language Therapy | [ ]  BeeU |
| [ ]  Occupational Therapy  | [ ]  Diabetes Team |
| [ ]  Community Children’s Nursing  | [ ]  Others: |
| **Shropshire and Telford Hospitals NHS Trust Service** |
| [ ]  Paediatrics | [ ]  ENT |
| [ ]  Ophthalmology  | [ ]  Others: |
| **Robert Jones and Agnes Hunt NHS Trust Services** |
| [ ]  Orthopaedics  | [ ]  Physiotherapy |
| [ ]  Orthotics  | [ ]  Others: |
| **Other Acute NHS Hospital s- and departments/consultants**  |
| [ ]  Birmingham Children’s  | [ ]  Alder Hey  |
| [ ]  Others:  |  |
| **Shropshire and South Staffordshire Foundation NHS Trust Services:** |
| **Other Health Services including Independent Providers:** |
| **Does your child currently receive any involvement from Social Care?**(please tick)[ ]  | **If yes, provide name and contact details of your child’s current social worker:** |
| **Does your child access non-assessed social care services? This could include Short Breaks**(please tick)[ ]  |  |
| **Any additional information which you think may be useful:** |  |
| **Completed with the support of**(If applicable) | **Name:Relationship to Parent/Carer:** |
| **Parental Signature:** |  **Date:** |

**Education, Health and Care Assessment - Consent Form**

|  |
| --- |
| **1. Child’s details** |
| **Name of child:** | **Date of Birth:** |
| **Address:** | **Ethnicity:****Religion:****First Language:**  |
| **2. Details of person(s) with parental responsibility**The SEND Code of Practice states that the Local Authority **must** seek the views and send correspondence to both parents, so it is important to add contact details for both parents below. If a parent no longer has parental responsibility, please send us documentation to evidence this. If the child is a Looked After Child, please add social worker details. |
| **a)** |
| **Name:****Relationship to child:** | **Home telephone:****Mobile telephone:** |
| **Address (if different to child’s):** | **Email:****🞏 The EHCP Team send correspondence via email. Please tick this box if you prefer to receive all correspondence via post.** Please note that post can take up to 5 days longer to receive than an email. |
| **b)** |
| **Name:****Relationship to child:****Address (if different to child’s):**  | **Home telephone:****Mobile telephone:****Email:** **🞏 The EHCP Team send correspondence via email. Please tick this box if you prefer to receive all correspondence via post.** Please note that post can take up to 5 days longer to receive than an email. |
| **3. Consent**  |
| * I consent for Shropshire Council undertaking a statutory assessment / re-assessment of special educational needs, which may result in an Education Health and Care Plan (EHCP) for the child named above.
* I consent for Shropshire Council to request, obtain and share information with relevant agencies when carrying out their functions regarding: assessment, planning and commissioning as part of the Children’s and Families Act 2014 for the child named above. [EHCP Team Privacy/Sharing Notice](https://shropshire.gov.uk/the-send-local-offer/education/education-services/special-educational-needs-sen-team/privacy-notice/).
* I will notify the [EHCP Team](https://shropshire.gov.uk/the-send-local-offer/education/education-services/the-sen-team/) if any of my contact details above change.

**Parent/Carer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Parent/Carer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Parent/Carer’s consent** for the Local Authority to undertake a statutory assessment / re-assessment of special educational needs for the child named below.

 



**Medical Questionnaire**

**To inform an Education, Health and Care Assessment**

As part of the Education, Health and Care Assessment process, the Local Authority is required to seek health advice. This is because we need to find out whether or not your child’s learning at school is affected by a health condition. The medical questionnaire will be looked at by a qualified health professional.

In most cases filling in the form gives us all of the information we need and a separate medical appointment may not be necessary. In some cases we may tell the local authority to ask another agency for more information about the conditions you have described, especially mental health conditions.

If after reading all the information in the child’s Education, Health and Care request paperwork, the community children’s doctor feels a medical examination is needed, your child will be offered an appointment. The purpose of this medical appointment is to let the local authority know about existing physical health needs that may impact on your child in school and is not intended to be for any diagnostic purpose. Please don’t be concerned about being invited to come to meet the Children’s Doctor.

It would therefore be helpful if you would complete and return this form to us via the school, who will return it with the other documents you are completing to the Local Authority.

|  |  |
| --- | --- |
| **Personal Details:** |  |
|  | . |
| Full Name of Child: |  |
| Date of Birth: |  |
| NHS Number: |  |
| Person with parental responsibility (please state relationship to child): |  |
| Address: |  |
| Telephone Number: | Home: | Mobile: |
| School: |  |
| Name of General Practitioner |  |
| Address of medical practice |  |
| **Medical History:** |  |
|  |  |
| Does your child have a formal diagnosis of any medical conditions including mental health condition? Please attach diagnostic letter and relevant correspondence. |
|  |
| Do you have any concerns regarding your child’s health? |
|  |
| Does your child receive any ongoing input from any health services or are they on a health service waiting list? If so, please give the details. |
|  |
| Is your child known to any other Health care professionals? If so, please include the names of the people your child sees and what they do? Is your child on any waiting lists e.g., SLT |
|  |
| Does your child have an Individual Health Care Plan developed by their school e.g., for eczema/asthma/allergies/epilepsy? If yes, please provide details. |
|  |
| Is your child on any medical treatment? Please give the name (s). If any needs to be given when your child will be attending the education setting, please also state this as well as doses and times to be given.  |
|  |
| Does your child’s health pose any risk to themselves or to others whilst in school? If so, what?  |
|  |
| Is there anything else you think we should know? |
|  |
|  |
|  |
| **Parental Responsibility Declaration** |
|  |
| We are/I am happy that the information we/I have given describes my/our child’s current health/medical needs.NB. In filling in an assessment request for an Education, Health and Care Plan the Local Authority is entitled to seek medical advice from a Paediatrician and other health professionals. You may be asked to attend a Medical Appointment for this purpose if the Community Children’s Doctor thinks it would be useful for your EHCP assessment. He or she may also telephone you if there are just a few things that need to be asked.  |
|  |
| Signed: |  | (Parent/Carer) |
|  |  |  |
| Signed: |  | (Parent/Carer) |
|  |  |  |
| Date: |  |  |
|  |  |  |
| **Declaration completed by a young person aged 16 or over (as appropriate)**  |
|  |  |  |
| I am happy that the information I have given describes my current health/medical needs.NB. In filling in an assessment request for an Education, Health and Care Plan the Local Authority is entitled to seek medical advice from a Paediatrician and other health professionals. You may be asked to attend a Medical Appointment for this purpose if the Community Children’s Doctor thinks it would be useful for your EHCP assessment. He or she may also telephone you if there are just a few things that need to be asked. |
|  |  |  |
| Signed: |  | (Young Person) |
|  |  |  |
| Date: |  |  |



**Care including Social Care Questionnaire**

**To inform an Education, Health and Care Assessment**

In Shropshire we are striving to understand the needs of all children/ young people and their families, so they feel valued and supported to achieve their full potential and enjoy life. As a partnership we want to ensure our SEND children and young people have access to the right services to meet their needs through joining-up systems locally.

Every child/young person has care needs. Sometimes these are met by the family and wider support network, alongside universal services in the community. Sometimes there is a need for more targeted or specialised support, depending on the needs of the child/ young person and family.

As part of the Education Health and Care (EHC) Assessment process, the Local Authority aims to identify early in the process how the child/ young persons’ care needs are being met and if the child/young person and their family requires any additional support from Children’s Services such as Early Help or Social Care. This information will be reviewed and will inform care advice if a needs assessment is agreed.

In most cases filling in the form gives us all the information we need. It would therefore be helpful if you would complete and return this form to us via the school, who will return it with the other documents you are completing, to the Local Authority. If this part of a parental/ young person request, please send as part of your request.

If having looked at the care information you provide, services feel that an Early Help or Social Care conversation is needed, the appropriate service will contact you directly to offer an appointment. Please don’t be concerned about this, it’s aimed to be supportive. We will ask your consent first.

|  |  |
| --- | --- |
| **Personal Details:** |  |
| Full Name of Child: |  |
| Date of Birth: |  |
| Person with parental responsibility (please state relationship to child): |  |
| Address: |  |
| Telephone Number: | Home: | Mobile: |
| Educational Setting: |  |

|  |  |
| --- | --- |
| **Care/ Social Care History:** |  |
| What is working well for your child/ young person and family in your daily lives? |
|  |
| Do you or your child/ young person access groups and activities within the community such as Sports groups, Girl Guiding, Scouts, St John’s Ambulance, dance and drama groups, youth or toddler groups?  |
| Yes |  | If yes, how do they support you or your child/ young person’s engagement and needs? |
| No  |  |
| Do you or your child have care and support from family, neighbours or friends, if yes, what does this look like? |
| Yes |  |  |
| No |  |
| Is your child supported by an Early Help practitioner or Social Worker? If yes, please provide their name and contact details. |
| Name:  | Telephone Number: | Email: |
| Role: |
| If your child/ young person is not supported by either of these, are they being supported by an Early Help professional (this includes teachers, nursery/ pre-school practitioners, Family Nurse Practitioners)? |
| Yes/ No*Delete as appropriate* | If yes, please provide details.  |
| Name:  | Telephone Number: | Email: |
| Role: |
| Do you feel your child/ young person have any unmet care needs? |
| Yes |  | If yes, please provide further details. |
| No  |  |
| Do you feel that your child/ young person’s Special Educational Needs and Disability has an impact on your family?Please complete all sections below that you feel are relevant.  |
| Mental Health and Wellbeing |
|  |
| Sleep |
|  |
| Physical Health |
|  |
| Family relationships: this could include parental and/or sibling wellbeing, parental conflict |
|  |
| Finances and employment  |
|  |
| Home environment e.g, secure housing, adaptations needed to keep you and your child safe and secure or any planned or unplanned moves  |
|  |
| Do you feel your child/ young person’s Special Educational Needs or disability puts them at risk in the community? Eg, exploitation, bullying, harassment, isolation |
|  |
| **Parent Carer Consent**  |
| I/We are happy that the information I/we have given describes my/our child’s current care/social needs.NB. In filling in an assessment request for an Education, Health and Care Plan the Local Authority is entitled to seek care/social care advice from Children’s Services. You may be contacted for an informal support conversation to support your child/ young person’s EHC needs assessment.  |
|  |
| Signed: |  | (Parent Carer) |
|  |  |  |
| Signed: |  | (Parent Carer) |
|  |  |  |
| Date: |  |  |
|  |  |  |
|  |  |  |
| I am happy that the information I have given describes my current care needsNB. In filling in an assessment request for an Education, Health and Care Plan the Local Authority is entitled to seek care/social care advice from Children’s Services. You may be contacted for an informal support conversation to support your child/ young person’s EHC needs assessment.  |
|  |  |  |
| Signed: |  | (Young Person) |
|  |  |  |
| Date: |  |  |



PHOTOGRAPH

**SECTION A: - Part 2a**

**Views, Interests and Aspirations of the child**

**and his/her parents.**

**About Me** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name)

This section has been completed by\*\*\*\*\*\* with help from \*\*\*\*\*\*.

|  |
| --- |
| **What I want to achieve in my life – my dreams and wishes** |
|  |
| **A bit about my family** |
|  |
| **These are my family members and the people that are important to me**  |
| **Name** | **Relationship to child** |
|  |  |
| **My interests and what I like to do** |
|  |
| **What are my strengths** |
|  |
| **What I find difficult and how to support me** |
|  |
| **How to communicate with me** |
|  |

**SECTION A - Part 2b:**

**All about my family**

*This section has been completed by \*\*\*\*\*\* with help from \*\*\*\*\*\*.*

|  |  |
| --- | --- |
| **What is important to us** | **How to support us** |
|  |  |
| **Things that are working well for us** | **Things that are not working so well for us** |
|  |  |
| **Our aspirations for the future** |
|  |

**Summary - My Skills and Strengths, Needs and Support**

This should include relevant background information and strengths

|  |
| --- |
|  |

 Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please make sure all of the above is fully completed, signed and dated. If any information is missing this may cause delays. Please return via email to* *EHCPTeam@shropshire.gov.uk* *or you can post to EHCP Team, Shropshire Council, PO Box 4826, Shrewsbury, SY1 9LJ.*