******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 | [ ]  CAMHS:  |
| [ ]  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:** |

*Once completed please return this form with the* ***consent form, medical questionnaire and all about me/us,*** *to****: SEN Team, Shirehall, Shropshire Council, Abbey Foregate, Shrewsbury, SY2 6ND. Tel: 01743 254366***