

## 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

\*mandatory information

<b>*Family Name:</b>		<b>*Child first name:</b>	
<b>Preferred Name:</b>		<b>*DOB:</b>	<b>Year group:</b>
<b>Ethnicity:</b>	<b>Religion:</b>	<b>Gender:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>*Address:</b>	<b>Postcode:</b>	<b>*NHS Number:</b>	
<b>Is child looked after? :</b>		<b>Care Status:</b>	
		<b>Responsible LA:</b>	
<b>First Language</b> (inc British Sign Language):		<b>Is an interpreter required?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Name and address of playgroup/nursery/school/college your child is attending:</b>			
<b>Primary special educational need:</b>		<b>Unique pupil number:</b> <i>Provided by schools</i>	

### 2. Details of parents/carers

<b>*Full names of parents/carers:</b>			
<b>*Relationship to the child:</b> e.g. parent, grandparent, foster carer		<b>*Does this person(s) have parental responsibility for this child?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>*Address (if different from child/young person):</b>		<b>*Postcode:</b>	
<b>First Language</b> (inc British Sign Language):		<b>Is an interpreter required?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Telephone number:</b>		<b>Mobile number:</b>	
<b>Email address:</b>			
<b>Please advise how and when is best to contact this person:</b>			
<b>Please tell us about any special needs that you may have which we need to take in to account:</b>			
<b>*Full names of anyone else with parental responsibility for the child/young person:</b>			
<b>*Address (if different from child/young person):</b>		<b>*Postcode:</b>	
<b>First Language (inc British Sign Language):</b>		<b>Is an interpreter required?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>*Telephone number:</b>		<b>Mobile number:</b>	
<b>Email address:</b>			
<b>Please tell us about any special needs that you may have which we need to take in to account:</b>			

### 3. Professional Involvement

<b>Have you discussed making this application with your child's nursery, playgroup school or college?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
<b>If you answered 'no' could you please tell us why?</b>				
<b>If you answered 'yes' please provide their contact details:</b>	<b>Name:</b>	<b>School / setting address:</b>	<b>Contact number:</b>	<b>Email:</b>

**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**

<b>Service</b>	<b>Named Professional / Address</b>	<b>Tick if seen in the last year.</b>	<b>Tick if report enclosed</b>
<b>Educational Psychologist:</b>			
<b>Advisory Teacher:</b>			
<b>Social Worker:</b>			
<b>Medical professional/s: (e.g. GP or Paediatrician)</b>			
<b>Speech &amp; Language Therapist:</b>			
<b>Occupational Therapist:</b>			
<b>Physiotherapist:</b>			
<b>Health Visitor:</b>			
<b>Child &amp; Adolescent Mental Health Services (CAMHS):</b>			
<b>Other:</b>			

## **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.**

**What are your child's views, hopes and goals for the future?**

**What are your hopes and aspirations for your child for the future?**

**My Story (for example details about play, health, schooling, independence, friendship, aspirations for further education and future plans including employment)**

**How to communicate with my child and involve them in decisions**

**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?**

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

<b>Name:</b>	<b>Relationship:</b>

## Part C: to be completed by parent / carer

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:

Child/young person's diagnosis (if any):

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
<b>General physical health</b>			
Airway and breathing, including chest infections			
Pain			
Seizures			
Eating, drinking, swallowing, drooling			
Behaviour issues related to food - Choices / Attitude			
Acid reflux or vomiting			
Dental Health			
Growth			

Weight gain/loss			
Mobility, getting around			
Hand function/writing			
Personal care (self feeding, washing, dressing, toileting etc.)  Bowel and bladder eg. wetting, constipation			
Vision (eyesight)			
Hearing			
<b>Communication</b> Speech or other methods (which ones)			
Understanding			
Attention & listening			
Sleep			
Behaviour, emotions and feelings Managing emotions			
Puberty Issues			
Fatigue / Stamina			
Equipment issues			

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

**Are you currently 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

- 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: Information for parent / carer

If you are looking after a child with a physical or learning disability, or life limiting condition you might not think of yourself as a carer. However, being the parent of a child with disabilities can cause you to experience additional pressures and problems, such as;

- Your child's friendship and social/support network
- Child care and short breaks
- Finances for you and your child
- Your child's education
- Your child's challenging behaviour
- Preparing your child for adulthood
- The impact of caring on your health, well-being and on your relationships

Hertfordshire has a graduated response to meeting social care needs of children in the local area. It is important to note that having a disability does not automatically mean that you or your child need to access social care support, but you may want to access services which are available from your local community

If you believe that your family needs additional social care support you will find information is available online to tell you what support you can access.

[Short Break Local Offer - https://www.hertfordshire.gov.uk/microsites/local-offer/support/short-breaks/short-breaks.aspx](https://www.hertfordshire.gov.uk/microsites/local-offer/support/short-breaks/short-breaks.aspx)

Short breaks offer disabled children and young people the chance to spend time out with others, socialising and doing fun activities; giving their families a break and providing them with confidence their child is well supported by a trained worker. They range from play and leisure activities provided through community groups and leisure providers to overnight stays.

[Families First & Early Help - https://directory.hertfordshire.gov.uk/kb5/hertfordshire/directory/familiesfirst.page?familiesfirstchannel=0](https://directory.hertfordshire.gov.uk/kb5/hertfordshire/directory/familiesfirst.page?familiesfirstchannel=0)

By providing early help to families, we aim to ensure all key partner agencies take a joined up approach and, together, make the best use of their resources to help children, young people and families. You may not know where to look for early help, and it is difficult to know what services are available and how to use them. Families First can help.

[0-25 Together Service - https://www.hertfordshire.gov.uk/microsites/local-offer/services/0-25-together-service.aspx](https://www.hertfordshire.gov.uk/microsites/local-offer/services/0-25-together-service.aspx)

This is Hertfordshire's Social Care service for children and young people, aged 0-25 years, who have disabilities. We'll work with you from when you first need social care support. Helping children and young adults with disabilities to lead safe, independent and fulfilled lives, until they reach stability in early adulthood, up until they're 25 years old.

Alternatively, if you would like for us to come and talk with you about your family situation and how we might be able to help then please call us on 0300 123 4043.

## Part F: To be completed school, college or other educational setting

N.B. parents / carers are not required to complete this section if application is being made independent of the school or educational setting.

### 1. Your details

<b>Name of requesting professional:</b>		<b>Organisation:</b>	
<b>Address:</b>		<b>Postcode:</b>	
<b>Job title/relationship to child/young person:</b>			
<b>Telephone number:</b>		<b>Mobile number:</b>	
<b>Email address:</b>			
We strongly recommend that requests are made alongside parents/ carers or young people themselves (post 16). <b>If this is not possible please tell us why:</b>			

### 2. School attainment

**For a child who is pre-school age or in foundation stage** please complete one or both of the first two sections below

**For other pupils** please provide the most recent information in section 2. Information from an earlier key stage should also be provided where it might be helpful

**Please note** Sections 3 – 7 should be completed for **all** children

<b>Section 1 - Pre-school/foundation stage</b>				
Please give results from any developmental or standardised assessment Griffiths Detailed Profile Schedule of Growing Skills Individual Assessment of Early Learning and Development (IAELD) Other assessment tool (e.g. by <i>Speech and Language Therapist</i> ). Please tick one above or name as appropriate:				
<b>Date of assessment:</b>		<b>Completed by:</b>		
<b>Subscale title</b>				
<b>Quotient/ development age</b>				
<b>Subscale title</b>				
<b>Quotient/ development age</b>				

Section 2 Assessments completed by the setting							
Date assessed	Key stage	TA or SATS	Sp&L	Reading	Writing	Maths	Science
Section 3 Result of reading, spelling or other assessments							
Test used:		Date:			Result:		

Section 4 Provision made from school's delegated budget to address the child/young person's SEN	
<p>Please attach the following;</p> <p>School's offer (SEN Information report)      <input type="checkbox"/></p> <p>Provision map      <input type="checkbox"/></p> <p>Time table of support      <input type="checkbox"/></p>	

Timetable of support:					
Please detail nature and duration of support and also whether 1:1, small group or general classroom support. <i>Please note that funding for up to 12 hours of individual support is delegated to schools for pupils with Special Educational Needs School Support.</i>					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
Break times					
PM					

**Section 5 Provision made from college's Core Programme or High Needs Student funding (if required) to address the young person's SEND**

Please attach the following:

- College's local offer
- Time table of support
- Preparing for Adulthood Transition Plan

**Section 6 Monitoring of SEN Support**

Date identified as needing SEN Support

Please detail progress over the last 2 – 3 years and ensure there is evidence of unaided work / up to date assessments in your application and attach evidence of action taken through the graduated response to meet child and young person's SEN and the impact as noted at each review including any progress made

**Section 7 External professionals involved**

Name:	Agency:	Date of last involvement:	Report attached (Yes or No)
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Signature:</b>		<b>Date request submitted:</b>	
-------------------	--	--------------------------------	--

Along with previous requested attachments, please provide information that is relevant to the statutory assessment criteria. Much of this evidence should already be available in the child/young person's SEN support plan. Evidence should be based on current need and include information gathered during the most recent 6 – 12 months (*reports more than 12 – 18 months old are unlikely to be helpful*).

Please attach the following evidence and tick to indicate that it has been included:

- A concise description of the child's strengths, learning difficulties or needs, indicating what he or she can and cannot do. This should be no more than one or two paragraphs which give a summary overview of the child.
- One or two samples of the child's recent work which should be dated and annotated, including whether the work was completed aided or unaided, and an explanation of the context in which the work was undertaken.
- Relevant reports from external specialist(s) which indicate the degree and complexity of difficulties. (*A medical report is required for any child whom the request is being made on grounds of a medical diagnosis and its impact on the child's learning and access as well as follow-up therapy reports as appropriate*).
- Any other relevant specific and objective up to date information about the child's attainments and social development, including information about the child's attendance where relevant.
- School and/ or setting summary of record of parental involvement and the views of the child's parents/carers where these have been made known.
- The views of the child/young person where this can be ascertained.

All the evidence should combine to demonstrate purposeful and relevant action taken by the school/setting(s) over a sustained period of time.

**Please return this form to the SEND Team:**

[Ehcneedsassessment@hertfordshire.gov.uk](mailto:Ehcneedsassessment@hertfordshire.gov.uk)

This email address is monitored by the SEND front door and assessment team for the whole county. This email address should be used for new requests for statutory assessment, and communications relating to the first 20 weeks of a child's EHC assessment process.

**If returning the form via post, please send to the relevant area team:**

**North Herts & Stevenage SEND Team**

*Covering: Hitchin, Baldock, Letchworth, Royston, Stevenage*  
(Post Point SFAR120), 1<sup>st</sup> Floor, Farnham House, Six Hills Way, Stevenage, Herts, SG1 2FQ

**East Herts, Broxbourne & Welwyn Hatfield SEND Team**

*Covering: Hertford, Ware, Watton, Cheshunt, Bishop's Stortford, Hoddesdon, Broxbourne, Buntingford, Welwyn Hatfield*  
(Post Point CHN006), Area Office, County Hall, Hertford, Herts, SG13 8DF

**St Albans & Dacorum SEND Team**

*Covering: Harpenden, Hemel Hempstead, Tring, Berkhamsted, St Albans, Kings Langley*  
(Post Point AP1108), Apsley Two, Brindley Way, Apsley, Hemel Hempstead, Herts, HP3 9BF

**Watford, Three Rivers & Hertsmere SEND Team**

*Covering: Bushey, Radlett, Watford, Three Rivers, Hertsmere*  
(Post Point AP2113), Apsley Two, Brindley Way, Apsley, Hemel Hempstead, Herts, HP3 9BF